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BEFORE THE ARIZONA CORPORATION COMMISSION

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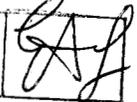
Arizona Corporation Commission

DOCKETED

2014 SEP 22 P 12: 37

SEP 22 2014

ARIZONA CORPORATION COMMISSION  
DOCKET CONTROL

DOCKETED BY 

COMMISSIONERS

BOB STUMP - Chairman  
GARY PEARCE  
BRENDA BURNS  
SUSAN BITTER SMITH

In the Matter of:

KENT MAERKI and NORMA JEAN COFFIN  
NORMA JEAN MAERKI, aka NORMA JEAN  
MAULE, husband and wife,

DENTAL SUPPORT FRANCHISE, LLC, an  
ARIZONA LIMITED LIABILITY COMPANY

Respondents.

Docket No. S-20897A-13-0391

**RESPONDENTS'  
EMERGENCY APPLICATION TO  
CONTINUE TO HEARING AND  
MOTION FOR ORDER TO SHORTEN  
TIME**

**ORIGINAL**

COMES NOW RESPONDENTS, Kent Maerki and Norma Jean Coffin

Norma Jean Maerki, aka Norma Jean Maule, husband and wife, Dental Support Franchise, LLC, an Arizona Limited Liability Company, (Hereinafter "Respondents") by and through their counsel of record, Marie Mirch and move this court to continue the hearing in this matter that is currently set to commence on September 29, 2014 and to continue on September 30- October 2, October 6-9, October 20-23, 2014. This application is based the following memorandum of points and authorities, exhibits, affidavits and pleadings on file herein.

Further, Respondents request an Order Shortening Time for the Corporations Commission to file its response to this motion no later than Wednesday September 25, 2014, so that it the application may be decided by September 26, 2014.

Good cause exists to grant this motion due to the fact, that Respondent, Kent Maerki suffered a stroke on August 28, 2014, and he is not able to participate meaningfully in defending this suit

1 unless and without the opportunity to engage in rehabilitation as directed by his medical providers.  
2 Mr. Maerki offers in support of this motion, medical records and statements from his doctors to  
3 support this request.

4 This request is not made for any improper or dilatory purpose, but to protect Mr. Maerki's  
5 health and well-being.

## 6 MEMORANDUM OF POINTS AND AUTHORITIES

### 7 1. PROCEDURAL HISTORY

8 On November 18, 2013, the Securities Division ("Division") of the Arizona Corporation  
9 Commission ("Commission") filed a Notice of Opportunity for Hearing ("Notice") against  
10 Respondents, in which the Division alleged multiple violations of the Arizona Securities Act ("Act")  
11 in connection with the offer and sale of securities in the form of investment contracts. On December  
12 10, 2013, Respondents filed requests for hearing in response to the Notice in this matter pursuant to  
13 A.R.S §44-1972 and A.A.C. R14-4-306.

14 On January 17, 2014, by Procedural Order, a hearing was scheduled to commence on June  
15 2, 2014, with additional days of hearing scheduled during the following weeks. Respondent, Kent  
16 Maerki, on May 9, 2014, filed a Motion for a Continuance due to several conflicts he had with the  
17 June hearing dates. On May 21, 2014, Mr. Maerki offered a letter from Marie Mirch in support of  
18 his motion to continue. In the letter, Mrs. Mirch stated that she would be representing Mr. Maerki,  
19 but had to obtain pro hac vice status. Further, Mrs. Mirch was not available for the June hearing  
20 dates. Finally, there was an issue as to whether there was a criminal investigation pending against  
21 Mr. Maerki.

22 The June Hearing dates were vacated. The hearing was the set to commence on September  
23 29, 2014 and continue the weeks thereafter. As of this date the hearing is still set to begin on  
24 September 29, 2014.

### 25 2. MR. MAERKI SUFFERED A STROKE.

26 Mr. Maerki suffered a stroke on August 27, 2014. He was admitted to emergency at  
27 Scottsdale Healthcare and after a CAT scan and an MRI, it was determined that he had suffered a  
28 major stroke. Mr. Maerki was kept in the hospital for two days, being released on August 28, with

1 instructions to immediately visit his cardiologist and neurologist. Mr. Maerki complied with these  
2 instructions. Mr. Maerki's neurologist, Seth Kaufman, M.D. told Mr. Maerki that he had a  
3 probability of full recovery after 6 months, provided he follow his doctor's instructions exactly,  
4 which includes stroke therapy, medication, diet, and most importantly, stress reduction, and regular  
5 physician follow ups.

6 Mr. Maerki has engaged in this therapy. On September 8, 2014, Mr. Maerki's cardiologist,  
7 Dr. Jack Wolfson, provided a letter stating the following:

8 Patient, Kent Maerki, ...is under my care and due to Kent's recent stroke and hospital  
9 stay, I strongly recommend delaying any legal proceedings. It is important that he  
10 maintain a low stress level for the next eight weeks, at which time I will reevaluate  
him.

10 Jack Wolfson, D.O.

11 *Exhibit 1.*

12 On September 15, 2014, Mr. Maerki's counsel, Marie Mirch spoke with Mr. Maerki and  
13 learned that his doctor advised against Mr. Maerki's participation in any legal proceeding due to his  
14 health. Mrs. Mirch sent Division counsel, Wendy Coy a letter explaining this situation and asked  
15 for a continuance. Included with the letter were documents Mr. Maerki had received from the  
16 hospital at discharge and Dr. Wolfson's letter *Exhibit 2.*

17 Ms. Coy responded by letter September 18, 2014. *Exhibit 3.* Ms. Coy requested additional  
18 information from Mr. Maerki before the Division could make an informed decision about the  
19 request. Specifically, Ms. Coy asked for more medical information to support Mr. Maerki's claims.  
20 Ms. Coy also asked for medical releases so that she could speak directly with Mr. Maerki's  
21 physicians. Mr. Maerki provided releases for his counsel, Marie Mirch, Mirch Law Firm to gather  
22 the information necessary. *Exhibit 4.* Mrs. Mirch sent the releases by fax to each health care  
23 provider on September 19, 2014. *Affidavit of Marie Mirch.* Due to time constraints, the documents  
24 received are presented to Ms. Coy with this motion. Counsel expects that other providers will  
25 respond to the request for documents, but does not know the time frame. Should any become  
26 available that are not cumulative, counsel will supplement this motion with those exhibits. *Aff.*

27 *Marie Mirch.*

28 The following documents confirm that Mr. Maerki had a stroke on August 27, 2014 and was

1 admitted to Scottsdale Healthcare Shea.:

2 **Exhibit 5:**

3 **Medical records from Wolfson Integrative Cardiology.** Contains SOAP note  
4 dated September 2, 2014 regarding "Follow-up after recent hospitalization for  
5 stroke". The stroke is also identified as "CVA". Mr. Maerki has history of multiple  
6 strokes. Mr. Maerki continues to follow up with lab tests on 9/5/14; 9/12/14;  
7 9/15/14; and 9/17/14.

8 **Exhibit 6 - Medical records from Barrow Neurovascular.**

9 May 16, 2013 shows history of stroke and coronary heart disease. (P 6.1) At that  
10 time Mr. Maerki had a "recent small left frontal infarct". (p. 6.3)  
11 July 9, 2013 confirms history of left frontal stroke. (p. 6.4, 6.5, 6.6). Mr. Maerki  
12 also has a history of a heart valve replacement. (6.5).

13 **Exhibit 7 - Medical records from Scottsdale Healthcare Shea**

14 Discharge Summary Report , diagnosis CVA, MRI and CT indicate "new lacunar  
15 infarct in the left caudate head". (p. 7.1) Admitted under "stroke protocol" (p. 7.2).  
16 CT scan shows evidence of an acute stroke", "Diagnosis PRIMARY: Acute CVA"  
17 (p. 7.6). History of cerebral hemorrhage. (P.7.12). "CT scan is consistent with a left  
18 lacunar infarct". (p. 7.13). "Left lunar infarct. (P.7.15. "Impression and Plan: Acute  
19 right thalamic stroke - ischemic". (p. 7.19). "History of multiple CVAs.. New lunar  
20 infarct in left caudate head". (p. 7.33) "Chronic lunar infarcts in the deep grey nuclei..  
21 Small chronic right cerebellar hemispheric infarct". (7.34).

22  
23 **3. LAW**

24 Rules of Practice and Procedure Before the Corporation Commission Rule14-3-109(Q)  
25 provides authority for this continuance request, "Continuance. Either prior to hearing or during a  
26 hearing, and on a showing of good cause, a matter may be continued by the Commission or the  
27 presiding officer for submission of further or additional evidence or for any other proper purpose".

28 Good cause exists to continue the hearing. Mr. Maerki has a history of multiple stroke and

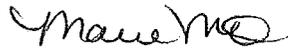
1 heart problems. His most recent stroke was August 27, 2014. Mr. Maerki was admitted to the  
2 hospital. The hospital records confirm that Mr. Maerki suffered a stroke. The records from Barrow  
3 Neurovascular and Wolfson Integrative Cardiology confirm this diagnosis. Dr. Wolfson  
4 recommends that any legal proceedings involving Mr. Maerki be delayed.

5 Mr. Maerki's health takes priority over these proceedings. Mr. Maerki requests a  
6 continuance of at least eight weeks to permit him time to rehabilitate from his stroke.

7 **4. CONCLUSION**

8 Wherefore, Respondents respectfully request that this Application be approved and that the  
9 hearing set for September 29, 2014 be vacated. Further, Respondents request that a pre-hearing  
10 conference be set in one month for an update on Mr. Maerki's condition and to determine new dates  
11 for the hearing.

12 Respectfully submitted this 22nd day of September, 2014.

13 By   
14 Marie Mirch, pro hac vice  
15 Mirch Law Firm, LLP  
16 750 B Street #2500  
17 San Diego, CA 92101  
18 (619) 501-6220  
19  
20  
21  
22  
23  
24  
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26  
27  
28  
Counsel for Respondents

1 **CERTIFICATE OF SERVICE**

2 I hereby certify that I am over eighteen years of age and employed by Mirch Law Firm, LLP.  
3 ON the date set forth below, I served the foregoing Application to Continue Hearing and For Order  
4 Shortening Time as follows:

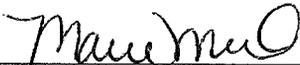
5 Wendy Coy  
6 Senior Counsel  
7 Arizona Corporation Commission  
8 Securities Division  
9 1300 W. Washington, 3rd Floor  
10 Phoenix, Arizona 85007

11 *via e-mail Wcoy@azcc.gov*  
12 *Copy via overnight delivery service*

13 Mark Chester  
14 Chester & Shein  
15 8777 N Gainey Center Dr Ste 191  
16 Scottsdale, AZ 85258

17 *via e-mail mchester@cslawyers.com*

18 Dated September 22, 2014.

19 BY   
20 Marie Mirch  
21  
22  
23  
24  
25  
26  
27  
28

**BEFORE THE ARIZONA CORPORATION COMMISSION**

COMMISSIONERS

BOB STUMP - Chairman  
GARY PEARCE  
BRENDA BURNS  
SUSAN BITTER SMITH

In the Matter of:

KENT MAERKI and NORMA JEAN COFFIN  
NORMA JEAN MAERKI, aka NORMA JEAN  
MAULE, husband and wife,

DENTAL SUPPORT FRANCHISE, LLC, an  
ARIZONA LIMITED LIABILITY COMPANY

Respondents.

Docket No. S-20897A-13-0391

**AFFIDAVIT OF MARIE MIRCH IN  
SUPPORT OF  
RESPONDENTS'  
EMERGENCY APPLICATION TO  
CONTINUE TO HEARING AND  
MOTION FOR ORDER TO SHORTEN  
TIME**

\_\_\_\_\_ /

State of California    )  
                                  ) ss.  
County of San Diego    )

I, MARIE MIRCH , hereby declare:

1. I am an employee of Mirch Law Firm LLP, and co-counsel for the Respondents in the above-captioned matter.
2. I am over the age of eighteen and am competent to testify regarding all the allegations contained herein. If called upon to testify, I have personal knowledge of the

following facts and would testify as follows:

3. I make this Affidavit in support of Respondents' Application to Continue Hearing and For Order Shortening Time.
4. Mr. Maerki suffered a stroke on August 27, 2014. He was admitted to emergency at Scottsdale Healthcare and after a CAT scan and an MRI, it was determined that he had suffered a major stroke. Mr. Maerki was kept in the hospital for two days, being released on August 28, with instructions to immediately visit his cardiologist and neurologist. Mr. Maerki's neurologist, Seth Kaufman, M.D. told Mr. Maerki that he had a probability of full recovery after 6 months, provided he follow his doctor's instructions exactly, which includes stroke therapy, medication, diet, and most importantly, stress reduction, and regular physician follow ups. I learned the specifics about Mr. Maerki's stroke in a telephone conversation I had with him on September 15, 2014. I asked Mr. Maerki to furnish me with documentation to support his condition.
5. On September 17, 2014, I received documents from Mr. Maerki. Exhibit 1 is a letter from Mr. Maerki's cardiologist Jack Wolfson, D.O. dated September 8, 2014. Exhibit 1 is a true and correct copy of that letter. I also received some hospital records.
6. On September 17, 2014, I sent a letter to Wendy Coy, Senior Counsel Arizona Corporation Commission advising her of the circumstances and asking if she would agree to continue the hearing set for September 29, 2014. Exhibit 2 is a true and correct copy of that letter and attachments.

7. On September 18, 2014, Ms. Coy responded to my letter and requested further information before she and her client could make a decision on my request for a continuance. Ms. Coy asked Mr. Maerki to provide her releases so she could speak directly with Mr. Maerki's health care providers. Exhibit 3 is a true and correct copy of the letter I received from Ms. Coy. I told Ms Coy I would get the information.
8. I did not want my client to communicate directly with Ms. Coy to provide her with medial releases. Rather, Mr. Maerki provided medical releases to me so that I could obtain the private health information from his medical providers. Exhibit 4 is a true and correct copy of the medical releases that Mr. Maerki provided to me on September 19, 2014.
9. On September 19, 2014, I faxed a release and a letter to each provider requesting Mr. Maerki's medical records from August 27, 2014 to the present. I have not yet received documents from all of the providers.
10. However, I did receive a response from Dr. Wolfson's office. Exhibit 5 is a true and correct copy of the documents that were provided to me.
11. Exhibit 6 is a true and correct copy of medical records obtained from Barrow Neurovascular.
12. Exhibit 7 is a true and correct copy of records obtained from Scottsdale Healthcare Shea.
13. At the time of this application, Ms. Coy has not seen the additional supporting documentation I am submitting. I do not know if she will object to the continuance I will not be available September 23 and 24, 2014. Therefore, because of the time

constraints I am filing this motion without knowing if Ms. Coy will object.

14. Mr. Maerki is not able to meaningfully prepare for or participate in the hearing that is set to begin September 29, 2014 and continue for up to 16 days over a five week period. Therefore, I respectfully request that the matter be continued

I swear under penalty of perjury that the foregoing is true and correct.

Signed and dated this 22nd day of September, 2014 in San Diego, CA.

By Marie Mirch  
MARIE MIRCH CA Bar No. 200833  
MIRCH LAW FIRM  
750 B Street #2500  
San Diego, CA 92101

**EXHIBIT 1**



To whom it may concern,

Patient Kent Maerki, DOB 09/13/1942, is under my care and due to Kent's recent stroke and hospital stay, I strongly recommend delaying any legal proceedings. It is important that he maintains a low stress level for the next eight weeks, at which time I will reevaluate him. If you have any questions in regards to this letter, please contact me.

Sincerely

Jack Wolfson D.O.

9/18/14

**EXHIBIT 2**

## MIRCH LAW FIRM, LLP

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750 B Street, Suite 2500  
San Diego, CA 92101  
(619) 501-6220  
(619) 501-6980 fax

**KEVIN J. MIRCH, ESQ. \***  
**MARIE C. MIRCH, ESQ. \*\***  
**ERIN E. HANSON, ESQ. \***

September 17, 2014

via e-mail [WCoy@azcc.gov](mailto:WCoy@azcc.gov)

Wendy Coy  
Senior Counsel  
Arizona Corporation Commission  
Securities Division  
1300 W. Washington, 3rd Floor  
Phoenix, Arizona 85007

*Re: In the Matter of Dental Support Plus, Docket No. 2-20897A-13-0391*

Dear Ms. Coy

I am writing on behalf of my client, Kent Maerki, to request a continuance of the hearing that is set to be heard on September 29 through October, 2014. The reason for the request is that Mr. Maerki had a stroke on August 27, 2014. He was admitted to emergency at Scottsdale Healthcare and after a CAT scan and an MRI, it was determined that he had suffered a major stroke. Mr. Maerki was kept in the hospital for two days, being released on August 28, with instructions to immediately visit his cardiologist and neurologist. Mr. Maerki complied with these instructions. Mr. Maerki's neurologist, Seth Kaufman, M.D. told Mr. Maerki that he had a probability of full recovery after 6 months, provided he follow his doctor's instructions exactly, which includes stroke therapy, medication, diet, and most importantly, stress reduction, and regular physician follow ups. Mr. Maerki has engaged in this therapy. Mr. Maerki's cardiologist, Dr. Jack Wolfson, provided a letter stating the following:

Patient, Kent Maerki, ...is under my care and due to Kent's recent stroke and hospital stay, I strongly recommend delaying any legal proceedings. It is important that he maintain a low stress level for the next eight weeks, at which time I will reevaluate him.

\* Licensed in CA

\*\* Licensed in CA & NV

Page Two

I am including a copy of that letter for you.

I request that you agree to continue the hearing at least 8 weeks in accordance with Dr. Wolfson's recommendation, in order to allow Mr. Maerki time to recover.

Please advise as to your position as soon as possible. If you do not agree, I will have to file a motion.

Thank you for your consideration. If you have any questions, please call me at 619-501-6220.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marie Mirch".

Marie Mirch

\* Licensed in CA

\*\* Licensed in CA & NV



To whom it may concern,

Patient Kent Maerki, DOB 09/13/1942, is under my care and due to Kent's recent stroke and hospital stay, I strongly recommend delaying any legal proceedings. It is important that he maintains a low stress level for the next eight weeks, at which time I will reevaluate him. If you have any questions in regards to this letter, please contact me.

Sincerely

Jack Wolfson D.O.

9/18/17

10585 North Tatum Blvd, Suite D-135 Paradise Valley, AZ 85253  
Tel 480 535 6844 | [WolfsonIntegrativeCardiology.com](http://WolfsonIntegrativeCardiology.com) | Fax 480 535 6845


 PO BOX 1270  
 SCOTTSDALE, AZ 85252-1270  
 SCOTTSDALE HEALTHCARE<sup>SM</sup>  
 ADDRESS SERVICE REQUESTED

(480) 882-6776

TOLL FREE 1-888-360-7647 EXT 6776

FEI# 86-0181854

DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL.  
 THE INFORMATION PROVIDED BELOW IS FOR  
 INFORMATION PURPOSES ONLY.

|                          |  |                         |                 |
|--------------------------|--|-------------------------|-----------------|
| FOR THE ACCOUNT OF       |  | PAGE                    |                 |
| B1423920105 MAERKL, KENT |  | 09/03/14                |                 |
| PATIENT INFORMATION      |  | ADMIT 08/27/14          | DISCHARGE 08/28 |
|                          |  | 100100 MEDICARE         |                 |
|                          |  | 150500 AARP             |                 |
|                          |  | 150600 Z AARP SUPP 1500 |                 |

| REMITTEE  | ADDRESSEE  |
|---|--|
| SCOTTSDALE HEALTHCARE SHEA<br>P.O. BOX 29689<br>PHOENIX AZ 85038-9689 | KENT MAERKL<br>10632 N SCOTTSDALE R<br>STE 479<br>SCOTTSDALE AZ 85254-6199 |

**SUMMARY STATEMENT**

|                                      |                  |
|--------------------------------------|------------------|
| C206INTERMEDIATE CARE                | 3,600.00         |
| C250PHARMACY                         | 1.50             |
| C272STERILE SUPPLY                   | 2.30             |
| C301CHEMISTRY                        | 708.00           |
| C305HEMATOLOGY                       | 847.00           |
| C324CHEST X-RAY                      | 482.00           |
| C351CT SCAN, HEAD SCAN               | 1,438.00         |
| C420PHYSICAL THERAPY                 | 373.00           |
| C430OCCUPATIONAL THERAPY             | 481.00           |
| C450EMERGENCY DEPT.                  | 3,029.00         |
| C483CARDIOLOGY-ECHOCARDIOLOGY        | 2,208.00         |
| C610MRI                              | 7,563.00         |
| C636DRUGS/DETAIL CODE                | 291.10           |
| C637SELF-ADMIN DRUGS-NO DET CODING   | 13.10            |
| C730EKG/ECG                          | 425.00           |
| <b>TOTAL CHARGES</b>                 | <b>21,462.00</b> |
| <b>TOTAL PAYMENTS/ADJUSTMENTS</b>    | <b>0.00</b>      |
| <b>ESTIMATED PATIENT BALANCE DUE</b> | <b>0.00</b>      |

All insurances listed above have been billed.

\*\*\*\*\*NO PAYMENT IS DUE AT THIS TIME.\*\*\*\*\*

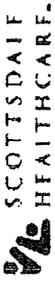
SEPARATE BILLING from Physician Billing Agencies may be sent out for physician(s) who performed test interpretations or examination evaluations. The above charges are for facility services, care and supplies.

AFTER INSURANCE HAS PAID, PATIENT RESPONSIBILITY WILL BE REFLECTED ON YOUR DETAIL STATEMENT.

SCOTTSDALE HEALTHCARE SHEA  
 SCOTTSDALE, AZ  
 (480) 882-6776

PLEASE NOTE: THIS STATEMENT REPRESENTS ONLY THE HOSPITAL BILL. CHARGES FOR PATHOLOGISTS, RADIOLOGISTS, ANESTHESIOLOGISTS, EMERGENCY DEPARTMENT PHYSICIANS,

21,462.00



Name: MAERKI, KENT  
 MRN: 0000908687  
 Acct. #: 1423920105



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**Discharge Instructions**

**Discharge Diagnosis**

**EVERY PATIENT SHOULD HAVE EASY ACCESS TO HIS OR HER PERSONAL HEALTH RECORD (PHR):**

Through the use of a secure internet portal, you will be able to access information about your recent inpatient visit, medications, procedures, test results and more.

- All you need to activate this service is a valid email address. You control your password and access.
- You may also share your information with others involved in your care.
- Within 36 hours of leaving the hospital, you will receive an email notification sent by Relay Health\* to the email address you provided to our Registration staff.

- This email will include instructions on how to create your account and access your most recent inpatient visit information. Scottsdale Healthcare's Patient Portal is powered by Relay Health - a trusted name used by doctors and hospitals across the United States. Relay Health assists us in exchanging health information with you. If you need any technical assistance, or if you do not receive an e-mail notification, please call 1-866-RELAY-ME (1-866-735-2963) or visit their website at [www.relayhealth.com](http://www.relayhealth.com). If you would like a physical copy of your entire visit or other parts of your Personal Health Record that are not available online, please visit their website at <http://www.shc.org/patients-visitors/medical-records> to obtain a Medical Records Release Form, or contact our Health Information Management Department at 480-882-4040 or 480-323-3213.

**RIGHT TO REQUEST YOUR MEDICAL INFORMATION:**

Patients have a right to look at their own medical information and to get a copy of that information. The law requires Scottsdale Healthcare to keep the original record. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, please contact the Health Information Management Department.

**ADVANCED DIRECTIVE:**

It is our desire to be able to honor your wishes as they pertain to advance directives (medical power of attorney and/or living will) decision making upon future visits at Scottsdale Healthcare. Please send a copy of your advance directives to one of the addresses below for inclusion into your medical record. Thank you for taking the time and allowing us to ensure we have the most up-to-date copies of your advanced directives on file. Feel free to contact us at any of the addresses or phone numbers below.

|   |  |  |
|---|--|--|
| <b>Scottsdale Healthcare Osborn</b>   | <b>Scottsdale Healthcare Shea</b>  | <b>Scottsdale Healthcare Thompson Peak</b>   |
| Health Information Management<br>7301 E. 4th Street, Suite 10<br>Scottsdale, AZ 85251<br>(480) 882-4040 | Health Information Management<br>9003 Shea Blvd.<br>Scottsdale, AZ 85260<br>(480) 323-3213 | Health Information Management<br>7400 E. Thompson Peak Blvd.<br>Scottsdale, AZ 85255<br>(480) 324-7060 |





Name: MAERKI, RENT  
 MRN: 0000908687  
 Acct. #: 1423920105



Printed On: 08/28/2014 17:37

**Discharge Instructions**

**Discharge Diagnosis**

**Vaccine History:**

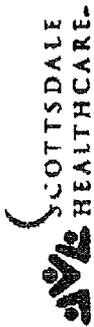
Flu

Contraindicated/Not indicated

The "influenza shot" is recommended to be given yearly between the months of September and March for everyone age 6 months and older. It is especially important that pregnant women, children, people 50 years of age or older, and those with chronic medical conditions receive a yearly flu shot.

The "pneumococcal shot" is recommended for all adults at age 65 (or older if it was not given at age 65). This vaccine is also recommended for people younger than 65 who have certain chronic illnesses. Any adult age 19-64 who smokes or has asthma, should also receive the vaccine. Some individuals with particular health risks will need a one-time revaccination dose 5 years later. Consult your doctor or health professional to determine your level of risk for infection and your need for either of these two vaccines.





Name: MAERKI, K LINT  
 MRN: 0000908687  
 Acct. #: 1423920105



Printed On: 08/28/2014 17:37

**Discharge Instructions**

**Discharge Diagnosis**

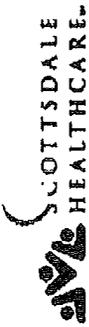
**Allergies:**  
 IODINE

**Medications:**

Call your Physician or Pharmacist for any questions about your home medications. Always bring a list of every medication you take to every medical appointment to review and update. After any hospitalization, check with your primary care doctor or prescribing physician(s) to review this medication list. If you do not have a doctor, call Scottsdale Healthcare's Physician Referral Services at 480-882-4636 from 8:00AM-4:30PM, Monday through Friday. For after hours and weekends, you may leave a voicemail message and someone will return your call.

| Medication:      | Generic Name: | Also known as: | Dose:         | Route:       | Frequency:      | Last Dose Given:       | Next Dose Due:         | Comment / Use:      |
|------------------|---------------|----------------|---------------|--------------|-----------------|------------------------|------------------------|---------------------|
| Coumadin oral    |               |                | 5 mg Tablet   | Oral         | Every day       |                        | 08/29/2014<br>09:00 PM | Strength: 5 mg      |
| pravastatin oral |               |                | 20 mg Tablet  | Oral         | At bedtime      | 08/27/2014<br>09:51 PM | 08/28/2014<br>09:00 PM | Strength: 20 MG     |
| Lovenox          | enoxaparin    |                | 95 mg Syringe | Subcutaneous | 2 times per day |                        | 08/29/2014<br>07:00 AM | Strength: 100 mg/mL |
| amlodipine oral  |               |                | 5 mg          | Oral         | Every day       |                        | 08/29/2014<br>09:00 AM |                     |





Name: MAERKI, ALINT

MRN: 0000908687

Acct. #: 1423920105

Printed On: 08/28/2014 17:37



**Discharge Instructions**

**Discharge Diagnosis**

**Discharge Instructions:**

**Follow Up**

Dr. Friedman; Primary Care Physician; ; 3 - 5 days; Call for appointment

**Follow Up**

; Cardiology; ; 3 - 5 days; Call for appointment

**Diet**

Resume home diet

**Activity**

As tolerated

**Instructions**

call if numbness, weakness, bleeding, slurred speech, facial droop or any other concerns. Please take coumadin as directed

**Instructions (cont)**

please take pravastatin.

**Lab/Rad/Other - Patient Instructions**

please have INR drawn either with Dr. Friedman or cardiology in the next 2 - 3 days. you only need to be on tovenox until your INR is 2





Name: MAERKI, KENT

MRN: 0000908687

Acct. #: 1423920105



Printed On: 08/28/2014 17:37

**Discharge Instructions**

**Discharge Diagnosis**

**WARFARIN (Coumadin®) DISCHARGE INSTRUCTIONS:**

**Compliance Issues:**

Take this medication at a similar time every day. It is very important to remember to take this medication every day and to continue taking, even if you are feeling better.

**Dietary Advice:**

Keep your diet similar from day to day, especially foods high in Vitamin K. Foods high in Vitamin K are most commonly green, leafy vegetables (for example: spinach, broccoli, brussel sprouts). Avoid alcohol (wine, beer, and liquor) and cranberry products.

**Follow-up Monitoring:**

Routine testing of the blood called a ProTime or INR is used to change your warfarin dose and is required for people taking this medication. This test may need to be done as often as every day to as long as every month. It is important that you know when and where your next test will be before leaving the hospital and what your ProTime or INR level should be. Talk with your doctor for more information.

**Potential Adverse Drug Reactions:**

This medication can cause serious bleeding, so it is very important to follow directions.

**Potential Adverse Drug Interactions:**

This medication interacts with many medications. It is important to talk with a healthcare provider before starting or stopping any medications. Keep a list of your medications with you at all times and give that list to your health care providers.





Name: MAERKI, KENT

MRN: 0000908687

Acct. #: 1423920105

**Discharge Instructions**

**Discharge Diagnosis**



Printed On: 08/28/2014 17:37

**IF YOU HAVE HEART FAILURE, OR HAVE BEEN RECENTLY DIAGNOSED WITH HEART FAILURE, FOLLOW THESE GUIDELINES:**

In an effort to promote Health and Wellness of our community, Scottsdale Healthcare is providing the information below to ALL patients discharged from our facilities.

If you feel the information below does not apply to you or anyone you know, please disregard.  
Congestive Heart Failure (CHF) is a chronic health concern for many people and can require frequent hospitalizations. Research shows that using the guidelines below can minimize the symptoms and causes for hospitalization for patients with CHF.

**Activity:**

It is important to remain physically active # Always follow your doctor's instructions on exercise and activity. Plan your activities to include rest periods. Pay attention to your breathing pattern and how well you tolerate activity.

**Diet/Nutrition:**

**LIMIT YOUR SALT INTAKE.** Too much salt causes swelling and can make it difficult for you to breathe. If you are overweight, talk to your doctor about a weight reduction program. You may need to limit how much fluid you drink. Remember that things that melt are considered fluids, such as ice cream and Jell-O.

**Medication:**

Be sure to take your medicines exactly as your doctor tells you: no more, no less. Do NOT stop taking your medicine without talking to your doctor. Medicine can sometimes cause side effects like causing you to cough or go to the bathroom more often. If you have side effects or questions or believe the medicine is not helping you, call your doctor.

**Follow-up:**

Be sure to schedule a follow-up appointment with your primary care doctor or any specialists as instructed. Keep ALL doctor's appointments.

**Weight Monitoring:**

Weigh yourself every day at the same time with the same amount of clothing on. If you notice a consistent weight gain (2 lbs. in 2 days), call your doctor immediately.

**Additional instructions:**

It is also important for patients with chronic health conditions, such as CHF to avoid people suffering with colds or flu.

**Call your doctor if:**

Alert your doctor at any time you notice a change in your body or your symptoms, but be especially aware of the following symptoms. If any of these signs or symptoms occurs, or if you experience any other new symptoms:





Name: MAERKI, RENT  
MRN: 0000908687  
Acct. #: 1423920105



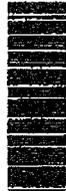
Printed On: 08/28/2014 17:37

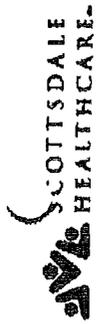
**Discharge Instructions**

**Discharge Diagnosis**

- Trouble breathing, especially during activity or when lying flat in bed
- Waking up out of breath
- Frequent dry, hacking cough, especially when lying down
- Feeling tired, weak, faint or dizzy
- Swollen feet, ankles and legs
- Nausea, with stomach swelling, pain and tenderness

**If you experience chest pain, call 911 immediately.**





Name: MAERKI, RENT

MRN: 0000908687

Acct. #: 1423920105

Discharge Instructions

Discharge Diagnosis



Printed On: 08/28/2014 17:37

\*I have received this information and my questions have been answered

Patient signature line: X [Signature] Date/time: 8/28/14

\*Patient representative: \_\_\_\_\_ Date/time: \_\_\_\_\_

Discharging Nurse Signature: [Signature] Date/time: 8/28/14

Printed Nurse Signature: Ruth Hrabaczowski RN

Interpreted by: \_\_\_\_\_ Date/time: \_\_\_\_\_

- I, patient/representative, request an electronic copy of my discharge instructions. E-mail address to be used: \_\_\_\_\_ (patient/representative to fill in e-mail address)
- Patient/representative unable to sign discharge paperwork at this time. Copy of discharge instructions and medication list sent with patient.



**EXHIBIT 3**

**COMMISSIONERS**  
BOB STUMP, Chairman  
GARY PIERCE  
BRENDA BURNS  
BOB BURNS  
SUSAN BITTER SMITH

JODI JERICH  
EXECUTIVE DIRECTOR



MATTHEW J. NEUBERT  
DIRECTOR

SECURITIES DIVISION  
1300 West Washington, Third Floor  
Phoenix, AZ 85007  
TELEPHONE: (602) 542-4242  
FAX: (602) 714-8120  
E-MAIL: securitiesdiv@azcc.gov

**ARIZONA CORPORATION COMMISSION**

September 18, 2014

Sent via email.

Marie C. Mirch, Esq.  
Mirch Law Firm, LLP  
750 B Street, Suite 2500  
San Diego, CA 92101

Re: Request for Continuance

Dear Ms. Mirch:

Thank you for notifying me of the issues with Mr. Maerki. Considering the event took place three weeks ago, I am surprised at the delay in providing the information to the Securities Division. I also note that the documents you provided with your letter do not fully support your statements.

At this point I am unable to agree to a continuance without some further information and documentation. I assume since you are asking for a continuance due to Mr. Maerki's issues, there will be no problem with providing documentation to support his claims. Please provide the following, as soon as possible, to avoid any further delays:

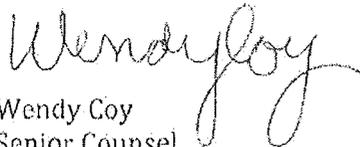
1. You provided an undated letter from Dr. Wolfson. There appears to be a date at the bottom of the letter but I cannot confirm that is the date Dr. Wolfson wrote the letter. Please have Mr. Maerki sign a release that allows the Securities Division to speak with Dr. Wolfson.
2. Your correspondence states that Mr. Maerki suffered a "major stroke." Please provide the contact information for Mr. Maerki's neurologist, Seth Kaufman, M.D. along with a release so that the Securities Division may contact him regarding Mr. Maerki's condition.
3. You state in your correspondence that Mr. Maerki was released on August 28 "with instructions to immediately visit his cardiologist and neurologist." However, the documentation you provided states that Mr. Maerki is to follow up with Dr.

Friedman, his primary care physician and to set an appointment with a cardiologist. There were no instructions for an immediate appointment with a neurologist.

4. Nowhere in the documents is any information as to what symptoms Mr. Maerki presented when he initially went to the hospital. Further, there is no diagnosis from the hospital. The documents provided do not indicate that a "major stroke" occurred. Please provide all documentation related to the August 27, 2014, to August 28, 2014, hospital visit, including, but not limited to any diagnosis made by the hospital. Please provide a release to access those specific hospital records.
5. Your correspondence lists the various medications that were prescribed to Mr. Maerki. Please indicate if these are new medications that were prescribed due to the August 27 and 28, 2014, hospital visit or if these are medications that Mr. Maerki has been taking prior to the hospitalization. The documents do not provide any indication that any type of stroke medication was given or prescribed.
6. The hospital documents you provided to support your potential request for a continuance does not indicate that Mr. Maerki was actually admitted to the hospital. Please provide documentation to support his "admission" to the hospital.

Please provide the above information immediately. Once the Securities Division receives the information, we will be able to make an informed decision as to whether we will agree to yet another continuance in this matter.

Sincerely,



Wendy Coy  
Senior Counsel

**EXHIBIT 4**

**AUTHORIZATION TO RELEASE PRIVATE HEALTH INFORMATION**

I hereby request and authorize you to disclose to Mirch Law Firm, or their representative, whenever requested to do so, any and all records, electronic charts as well as paper, including, but not limited to copies of all medical and hospital records, psychological evaluations, educational evaluations, individual program plans, individual education plans, financial information, progress notes, interdisciplinary team notes, correspondence, occupational therapy records, physical therapy records, medication records, records of services provided, insurance information, memos, and any other written documents and treatment records concerning KENT MAERKI from August 27, 2014 to the present:

Jeffrey A Becker DO, Neurologist  
10250 N. 92nd Street  
Suite 304  
Scottsdale, AZ 85258

(480) 451-7676

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

This Authorization shall be valid for one year from the date of this authorization, or until I revoke it in writing, whichever comes first. A copy of this Authorization shall be supplied to the undersigned upon demand. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

Dated: 9/18/14  
  
\_\_\_\_\_  
Kent Maerki  
D.O.B. 9/13/42

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Barrow Neurological Institute  
350 West Thomas Road  
Phoenix, AZ 85013

Phone: 602-406-6281 or 1-800-227-7691

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated 9/19/14  
  
\_\_\_\_\_  
Kent Maerki  
D.O.B. 9/13/42  
\_\_\_\_\_

**AUTHORIZATION TO RELEASE PRIVATE HEALTH INFORMATION**

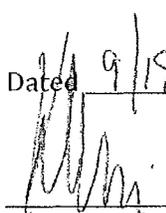
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Wolfson Integrative Cardiology  
Jack Wolfson, DO  
10585 North Tatum Boulevard  
Suite D-135  
Paradise Valley, AZ 85253

(480) 535-6844

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Date 9/18/14  
  
\_\_\_\_\_  
Kent Maerki  
D.O.B. 9/13/42  
\_\_\_\_\_

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Seth M. Kaufman, MD  
9755 N. 90<sup>th</sup> Street  
Suite A200  
Scottsdale, AZ 85258

(480) 621-3313

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated 9/18/14



Kent Maerki

D.O.B. 9/13/42

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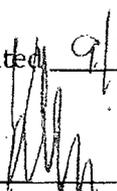
Scottsdale Healthcare Shea Medical Center  
9003 E. Shea Boulevard  
Scottsdale, AZ 85260

(480) 323-3000

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated 9/19/14

  
\_\_\_\_\_  
Kent Maerki

D.O.B. 9/13/42

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Stephanie Schwarz, DO, Internist, Hospitalist  
11000 N Scottsdale Rod  
Suite 120  
Scottsdale, AZ 85254

Phone: (480) 455-3000

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated

9/18/14

Kent Maerki

D.O.B.

9/13/42

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P. Camille Le, MD, FACC  
Cardiovascular Consultants, Ltd.  
3805 E. Bell Road  
Suite 3100  
Phoenix, AZ 85032

(602) 867-8644

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated 9/18/14  
  
Kent Maerki  
D.O.B. 9/13/42

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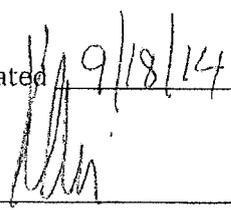
Ruchir P. Patel, MD, FACP  
8330 E. Hartford Drive  
Suite 100  
Scottsdale, AZ 85255

(480) 745-3547

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated

  
\_\_\_\_\_  
Kent Maerki

D.O.B.

9/18/14  
9/13/42

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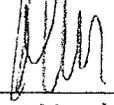
Jose Z. De Ocampo, MD  
Arizona Neurology & Sleep Center  
10290 N. 92<sup>nd</sup> Street  
Scottsdale, AZ 85258

(480) 718-9241

This Authorization is executed by the undersigned for the purpose of allowing an investigation and evaluation by Mirch Law Firm, and their representatives, by virtue of civil and administrative legal claims pending against me, to ascertain whether my participation in a hearing and trial in these matters would be detrimental to my health at this time in light of my recent stroke. This Authorization authorizes Mirch Law Firm and their representatives to contact and/or meet with you personally, telephonically, or otherwise, to discuss the care and services you provided to the undersigned, from August 29, 2014 to the present. The information and/or records obtained by means of this Authorization may be disclosed to my legal counsel to evaluate the diagnosis, prognosis, rehabilitation, treatments, medications, or other matters related to my health since my stroke on August 27, 2104.

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Dated: 9/18/14



Kent Maerki  
D.O.B. 9/13/42

**EXHIBIT 5**

seen by: Jack Wolfson, D.O., F.A.C.C.

seen on: Tuesday 02 September 2014

electronically signed by: Jack Wolfson, D.O., F.A.C.C.

signed on: Tuesday 02 September 2014 9:48 AM

VS Blood Pressure: 136 / 74 mmHg Pulse: 72 bpm Resp Rate: 16 rpm

CC Follow up after recent hospitalization for stroke

S Recent CVA at Scottsdale. Back on warfarin. Numbness in left arm, hand, and left leg. No cranial nerve issues.

Past Medical Hx:  
CAD with CABG and porcine MVR.  
Afib with hx of ablation.  
Hypertension.  
CVA- questionable walking issues.  
9 concussions. 4 cerebral hemorrhages.  
Sleep apnea with CPAP.

Pharmaceuticals: Lisinopril and amlodipine. Warfarin.  
Caffeine- none.  
Social History: Work- accountant/investment banker Tobacco-1980 Alcohol-2004 Marital-yes Family- daughter.  
Number of hours of sleep: 6-7.  
Bowel movements: 3-4 day.  
Vaccination status: active.  
Dental: 2 root canals.

O Pt is alert and oriented x 3. Pt appears stated age. Weight is normal. Conjunctiva is pink, mucosa is moist, and sclera is anicteric. Jugular venous pressure is normal. There are no carotid bruits or upstroke delay. Thyroid appears normal. The heart is regular rate and irregular rhythm. S1 and S2 are normal. There are no clicks, gallops, or rubs. SEM and EDM LLSB. The lungs are clear without rales, rhonchi, or wheezing. The abdomen is soft without tenderness. There are no bruits. The abdominal aorta is not enlarged. Peripheral pulses are strong and equal. There are no bruits. There is no edema. There are no musculoskeletal abnormalities or focal neurologic deficits. Skin is without rash or ulceration. Reflexes are normal.

A Atrial fibrillation.  
Coronary Artery Disease/ CABG.  
CABG.  
MVR- porcine.  
CVA- multiple with recurrent hemorrhages  
DJD.

P Paleo Nutrition.  
Sugar destroys the brain.  
Stop the vitamin K product.  
Stop the lumbrokinase.  
Continue to eat vitamin K containing foods. Eat roughly the same amount daily.  
Continue with other supplements.  
Red Yeast Rice- 3 caps at bedtime.  
Repeat HD labs in mid October.  
Seth Kaufman for neurology. He is awesome.

5

TO:

Wolfson Intergrative

**LabCorp**  
Laboratory Corporation of America

LabCorp Phoenix  
5005 S 40th Street Ste 1200  
Phoenix, AZ 85040-2969

Phone: 800-788-9743

|  |                                      |   |  |   |                    |
|--|--------------------------------------|---|--|---|--------------------|
| Specimen Number<br><b>248-847-4570-0</b>                       | Patient ID                           | Control Number<br><b>61009478231</b>              | Account Number<br><b>02151265</b>          | Account Phone Number<br><b>480-535-6844</b> | Route<br><b>99</b> |
| Patient Last Name<br><b>MAERKI</b>                             |                                      |   | Account Address                            |   |                    |
| Patient First Name<br><b>KENT</b>                              |                                      | Patient Middle Name                               |  | Wolfson Intergrative<br>Cardiology          |                    |
| Patient SS#  | Patient Phone<br><b>480-422-9714</b> | Total Volume                                      |  |   |                    |
| Age (Y/M/D)<br><b>71/11/23</b>                                 | Date of Birth                        | Sex<br><b>M</b>                                   | Fasting<br><b>NO</b>                       |   |                    |
| Patient Address<br><b>7119 E. SHEA<br/>Scottsdale AZ 85254</b> |                                      |   | Additional Information<br><br>UPIN: H62537 |   |                    |
| Date and Time Collected<br><b>09/05/14 15:23</b>               | Date Entered<br><b>09/05/14</b>      | Date and Time Reported<br><b>09/08/14 08:37ET</b> | Physician Name<br><b>WOLFSON, J</b>        | NPI<br><b>1467458000</b>                    | Physician ID       |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Tests Ordered<br><b>Prothrombin Time (PT); Venipuncture</b> |  |  |  |  |  |
|---|--|--|--|--|--|

| TESTS                        | RESULT  | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|------------------------------|---|------|-------|--------------------|-----|
| <b>Prothrombin Time (PT)</b> |   |      |       |                    |     |
| INR                          | 1.1   |      |       | 0.8 - 1.2          | 01  |
|                              | Reference interval is for non-anticoagulated patients.            |      |       |                    |     |
|                              | Suggested INR therapeutic range for Vitamin K antagonist therapy: |      |       |                    |     |
|                              | Standard Dose (moderate intensity therapeutic range):             |      |       | 2.0 - 3.0          |     |
|                              | Higher intensity therapeutic range                                |      |       | 2.5 - 3.5          |     |
| Prothrombin Time             | 12.0  |      | sec   | 9.1 - 12.0         | 01  |

|   |  |                      |
|---|--|----------------------|
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|                     |  |                       |            |
|---------------------|--|-----------------------|------------|
| <b>MAERKI, KENT</b> |  | <b>248-847-4570-0</b> | Seq # 0133 |
|---------------------|--|-----------------------|------------|



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 Phoenix, AZ 85040-2969

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|  |                               |  |   |                                      |              |
|--|-------------------------------|--|---|--------------------------------------|--------------|
| Specimen Number<br><b>255-847-1074-0</b>               | Patient ID                    | Control Number<br>61009478426              | Account Number<br>02151265  | Account Phone Number<br>480-535-6844 | Route<br>99  |
| Patient Last Name<br><b>MAERKI</b>                     |                               |  | Account Address<br>Wolfson Intergrative<br>Cardiology<br>10585 N Tatum Blvd, Ste D135<br>PARADISE VALLEY AZ 85253 |                                      |              |
| Patient First Name<br><b>KENT</b>                      | Patient Middle Name           |  |   |                                      |              |
| Patient SS#  | Patient Phone<br>480-422-9714 | Total Volume                               |   |                                      |              |
| Age (Y/M/D)<br>71/11/30                                | Date of Birth<br>[REDACTED]   | Sex<br>M                                   | Fasting<br>NO   |                                      |              |
| Patient Address<br>7119 E. SHEA<br>Scottsdale AZ 85254 |                               |  | Additional Information<br><br>UPIN: H62537  |                                      |              |
| Date and Time Collected<br>09/12/14 08:15              | Date Entered<br>09/12/14      | Date and Time Reported<br>09/15/14 08:37ET | Physician Name<br>WOLFSON, J  | NPI<br>1467458000                    | Physician ID |

Tests Ordered  
 Prostate-Specific Ag, Serum; Venipuncture

| TESTS   | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|---|--------|------|-------|--------------------|-----|
| <b>Prostate-Specific Ag, Serum</b>                      |        |      |       |                    |     |
| Prostate Specific Ag, Serum<br>Roche ECLIA methodology. | 1.2    |      | ng/mL | 0.0 - 4.0          | 01  |

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

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|                     |  |                       |            |
|---------------------|--|-----------------------|------------|
| <b>MAERKI, KENT</b> |  | <b>255-847-1074-0</b> | Seq # 0134 |
|---------------------|--|-----------------------|------------|

09/15/14 08:37 ET **FINAL REPORT** Page 1 of 1



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|  |                          |  |                              |  |                            |                                      |             |
|--|--------------------------|--|------------------------------|--|----------------------------|--------------------------------------|-------------|
| Specimen Number<br><b>255-847-1074-0</b>               |                          | Patient ID                                 |                              | Control Number<br>61009478426              | Account Number<br>02151265 | Account Phone Number<br>480-535-6844 | Route<br>99 |
| Patient Last Name<br><b>MAERKI</b>                     |                          |  |                              | Account Address<br>Wolfson Intergrative    |                            |                                      |             |
| Patient First Name<br><b>KENT</b>                      |                          | Patient Middle Name                        |                              | Cardiology                                 |                            |                                      |             |
| Patient SS#  |                          | Patient Phone<br>480-422-9714              |                              | Total Volume                               |                            |                                      |             |
| Age (Y/M/D)<br>71/11/30                                |                          | Date of Birth<br>[REDACTED]                |                              | Sex<br>M                                   |                            | Fasting<br>NO                        |             |
| Patient Address<br>7119 E. SHEA<br>Scottsdale AZ 85254 |                          |  |                              | Additional Information<br><br>UPIN: H62537 |                            |                                      |             |
| Date and Time Collected<br>09/12/14 08:15              | Date Entered<br>09/12/14 | Date and Time Reported<br>09/15/14 08:37ET | Physician Name<br>WOLFSON, J |  | NPI<br>1467458000          | Physician ID                         |             |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Tests Ordered                             |  |  |  |  |  |  |
| Prostate-Specific Ag, Serum; Venipuncture |  |  |  |  |  |  |

| TESTS   | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|---|--------|------|-------|--------------------|-----|
| <b>Prostate-Specific Ag, Serum</b>                      |        |      |       |                    |     |
| Prostate Specific Ag, Serum<br>Roche ECLIA methodology. | 1.2    |      | ng/mL | 0.0 - 4.0          | 01  |

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

|   |  |                      |
|---|--|----------------------|
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|                     |  |                       |            |
|---------------------|--|-----------------------|------------|
| <b>MAERKI, KENT</b> |  | <b>255-847-1074-0</b> | Seq # 0134 |
|---------------------|--|-----------------------|------------|

09/15/14 08:37 ET

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Page 1 of 1

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09/13/2014 1:35:34 PM FROM: LABCORP LCLS BLK TO: 4806213314 LABCORP LCLS BLK Page 1 of 1 A  
 TO: ATTN:Seth Kaufman MD



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 Phoenix, AZ 85040-2969

Phone: 600-788-9743

|  |                               |  |                             |  |             |
|--|-------------------------------|--|-----------------------------|--|-------------|
| Specimen Number<br><b>255-847-1112-0</b>               | Patient ID                    | Control Number<br>61009478427                                  | Account Number<br>02127610  | Account Phone Number<br>480-621-3313   | Route<br>00 |
| Patient Last Name<br><b>MAERKI</b>                     |                               | Account Address<br>Seth Kaufman MD                             |                             |  |             |
| Patient First Name<br><b>KENT</b>                      |                               | Patient Middle Name  |                             |  |             |
| Patient SSN  | Patient Phone<br>480-422-9714 | Total Volume<br>9755 N 90th St Ste A200<br>SCOTTSDALE AZ 85258 |                             |  |             |
| Age (Y/M/D)<br>71/11/30                                | Date of Birth                 | Sex<br>M   | Fasting<br>Yes              | Additional Information<br>UPIN: I09663 |             |
| Patient Address<br>7119 E. SREA<br>Scottsdale AZ 85254 |                               |  | Physician Name<br>KAUFMAN S |  |             |
| Date and Time Collected<br>09/12/14 08:15              | Date Entered<br>09/12/14      | Date and Time Reported<br>09/13/14 13:35ET                     | Physician ID<br>1821154618  | Physician ID                           |             |

**Test Ordered**  
 Lipid Panel; Vitamin B12 and Folate; TSH; Thyroxine (T4); PTH, Intact; Venipuncture

| TESTS  | RESULT | FLAG | UNITS  | REFERENCE INTERVAL | LAB |
|--|--------|------|--------|--------------------|-----|
| <b>Lipid Panel</b>   |        |      |        |                    |     |
| Cholesterol, Total   | 231    | High | mg/dL  | 100 - 199          | 01  |
| Triglycerides  | 93     |      | mg/dL  | 0 - 149            | 01  |
| HDL Cholesterol  | 70     |      | mg/dL  | >39                | 01  |
| Comment<br>According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.    |        |      |        |                    |     |
| VLDL Cholesterol Cal   | 19     |      | mg/dL  | 5 - 40             |     |
| LDL Cholesterol Calc   | 142    | High | mg/dL  | 0 - 99             |     |
| <b>Vitamin B12 and Folate</b>  |        |      |        |                    |     |
| Vitamin B12  | >2000  | High | pg/mL  | 211 - 946          | 01  |
| Folate (Folic Acid), Serum   | >19.9  |      | ng/mL  | >3.0               | 01  |
| Note:<br>A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. |        |      |        |                    |     |
| <b>TSH</b>   |        |      |        |                    |     |
| TSH  | 2.130  |      | uIU/mL | 0.450 - 4.500      | 01  |
| <b>Thyroxine (T4)</b>  |        |      |        |                    |     |
| Thyroxine (T4)   | 6.7    |      | ug/dL  | 4.5 - 12.0         | 01  |
| <b>PTH, Intact</b>   |        |      |        |                    |     |
| PTH, Intact  | 34     |      | pg/mL  | 15 - 65            | 01  |

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**MAERKI, KENT** 255-847-1112-0 Seq # 0618

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|  |                                 |  |   |                                      |              |
|--|---------------------------------|--|---|--------------------------------------|--------------|
| Specimen Number<br><b>258-847-0319-0</b>               | Patient ID                      | Control Number<br>61016877735              | Account Number<br>02151265  | Account Phone Number<br>480-535-6844 | Route<br>99  |
| Patient Last Name<br><b>ORTH</b>                       |                                 |  | Account Address<br>Wolfson Intergrative<br>Cardiology<br>10585 N Tatum Blvd, Ste D135<br>PARADISE VALLEY AZ 85253 |                                      |              |
| Patient First Name<br><b>KAREN</b>                     | Patient Middle Name<br><b>E</b> |  |   |                                      |              |
| Patient SS#  | Patient Phone<br>623-363-9748   | Total Volume                               |   |                                      |              |
| Age (Y/M/D)<br>65/08/22                                | Date of Birth<br>1              | Sex<br>F                                   | Fasting<br>NO   |                                      |              |
| Patient Address<br>9066 W CUSTER LN<br>Peoria AZ 85381 |                                 |  | Additional Information<br><br>UPIN: H62537  |                                      |              |
| Date and Time Collected<br>09/15/14 07:23              | Date Entered<br>09/15/14        | Date and Time Reported<br>09/18/14 08:45ET | Physician Name<br>WOLFSON, J  | NPI<br>1467458000                    | Physician ID |

Tests Ordered  
 B pertussis IgG/M/A Ab; Coccidioides immitis Abs; Venipuncture

| TESTS                         | RESULT      | FLAG        | UNITS      | REFERENCE INTERVAL | LAB |
|-------------------------------|-------------|-------------|------------|--------------------|-----|
| <b>B pertussis IgG/M/A Ab</b> |             |             |            |                    |     |
| B pertussis IgG Ab            | Will Follow |             |            |                    | 01  |
| B pertussis IgM Ab            | Will Follow |             |            |                    | 01  |
| <b>B pertussis IgA Ab</b>     | <b>2.5</b>  | <b>High</b> | index      | 0.0 - 0.9          | 01  |
|                               |             |             | Negative   | <1.0               |     |
|                               |             |             | Borderline | 1.0 - 1.1          |     |
|                               |             |             | Positive   | >1.1               |     |

**Coccidioides immitis Abs** Will Follow

**Venipuncture**

**Peoria, AZ 623-933-2994**

01 BN LabCorp Burlington Dir: William F Hancock, MD  
 1447 York Court, Burlington, NC 27215-3361  
 For inquiries, the physician may contact Branch: 888-522-2677 Lab: 800-788-9743

**ORTH, KAREN E** **258-847-0319-0** Seq # 0140

09/18/14 08:45 ET **PRELIMINARY REPORT** Page 1 of 1



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|  |                               |  |                              |   |                            |                                      |             |
|--|-------------------------------|--|------------------------------|---|----------------------------|--------------------------------------|-------------|
| Specimen Number<br><b>260-847-2588-0</b>               |                               | Patient ID                                 |                              | Control Number<br>61009478599   | Account Number<br>02151265 | Account Phone Number<br>480-535-6844 | Route<br>99 |
| Patient Last Name<br><b>MAERKI</b>                     |                               |  |                              | Account Address<br>Wolfson Intergrative<br>Cardiology<br>10585 N Tatum Blvd, Ste D135<br>PARADISE VALLEY AZ 85253 |                            |                                      |             |
| Patient First Name<br><b>KENT</b>                      |                               | Patient Middle Name                        |                              |   |                            |                                      |             |
| Patient SS#  | Patient Phone<br>480-422-9714 | Total Volume                               |                              |   |                            |                                      |             |
| Age (Y/M/D)<br>72/00/04                                | Date of Birth<br>[REDACTED]   | Sex<br>M                                   | Fasting<br>NO                |   |                            |                                      |             |
| Patient Address<br>7119 E. SHEA<br>Scottsdale AZ 85254 |                               |  |                              | Additional Information<br><br>UPIN: H62537  |                            |                                      |             |
| Date and Time Collected<br>09/17/14 10:51              | Date Entered<br>09/17/14      | Date and Time Reported<br>09/18/14 08:45ET | Physician Name<br>WOLFSON, J | NPI<br>1467458000   | Physician ID               |                                      |             |

Tests Ordered: Prothrombin Time (PT); Venipuncture

| TESTS   | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|---|--------|------|-------|--------------------|-----|
| Prothrombin Time (PT)   |        |      |       |                    |     |
| INR   | 2.0    | High |       | 0.8 - 1.2          | 01  |
| Reference interval is for non-anticoagulated patients.            |        |      |       |                    |     |
| Suggested INR therapeutic range for Vitamin K antagonist therapy: |        |      |       |                    |     |
| Standard Dose (moderate intensity therapeutic range):             |        |      |       | 2.0 - 3.0          |     |
| Higher intensity therapeutic range                                |        |      |       | 2.5 - 3.5          |     |
| Prothrombin Time  | 23.0   | High | sec   | 9.1 - 12.0         | 01  |

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MAERKI, KENT 260-847-2588-0 Seq # 0139

09/18/14 08:45 ET FINAL REPORT Page 1 of 1

**EXHIBIT 6**



**Barrow Neurovascular**  
500 W. Thomas Road, MOB, Suite 300  
Phoenix, AZ, 85013  
PHONE: (602) 406-6262  
FAX: (602) 406-6260

MRN  
0508246

Encounter Date  
05/16/2013 10:00AM

**Patient Information**

**KENT MAERKI**  
7119 E SHEA BLVD NO 419 179  
SCOTTSDALE, AZ 85254  
72 years old  
DOB - [REDACTED]

**Active Problems**

- Atrial Fibrillation 427.31
- Stroke Syndrome 436

**History of Present Illness**

Mr. Maerki was seen at the request of Dr. DeOcampo. He is a 70 yr old male with a history of AF s/p Maze procedure, porcine valve replacement, CABG, HTN who states he has not had any symptoms consistent with a stroke. He denies episodes of aphasia, focal weakness, diplopia, etc. He had a MRI of the brain which I believe was done for complaints of short term recall problems. He was on Coumadin at this time. Unfortunately he did not bring in the MRI brain or MRA head for me to review. I do have the report and it states that there is a tiny acute cortical infarct in the lateral left frontal lobe. There are no old infarcts reported. MRA of head states there is a questionable tiny aneurysm vs vascular prominence of left cavernous carotid artery. No stenosis. An aspirin has been added to the Coumadin. He states he saw his cardiologist also but I do not have any documentation in regards to this. I do not have any labs to review but he states he will fax recent lab results to my office. He is not a smoker. He does not drink alcohol.

**Past Medical History**

- History of Coronary Artery Disease V12.59  
Category: History of; Status: Resolved
- History of Hypertension 401.9  
Category: History of; Status: Resolved
- History of Retinal Detachment Right 361.9  
Category: History of; Laterality: Right; Status: Resolved
- History of Stroke Syndrome 436  
Category: History of; Status: Resolved

**Surgical History**

1. History of CABG (CABG) V45.81  
Category: History of; Status: Resolved
2. History of Heart Valve Replacement V43.3  
porcine; Category: History of; Status: Resolved
3. History of Maze Procedure  
Category: History of; Status: Resolved

**Family History**

6.1

**Patient:** KENT MAERKI  
**Encounter:** 05/16/2013 10:00AM MRN: 0508246

- Family history of Father Deceased At Age \_\_\_\_  
75 of heart attack; Category: Family history of; Status: Active
- Family history of Hypertension V17.49  
Category: Family history of; Status: Active
- Family history of Mother Deceased At Age \_\_\_\_  
89 of stroke; Category: Family history of; Status: Active
- Family history of Stroke Syndrome V17.1  
Category: Family history of; Status: Active

**Current Meds**

1. Aspirin 81 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
2. Coumadin TABS; Status: ACTIVE
3. Lisinopril TABS; Status: ACTIVE

**Allergies**

- No Known Drug Allergies

**Vitals**

**Vital Signs [Data Includes: Current Encounter]**

|            |                      |
|------------|----------------------|
|            | 16May2013<br>09:56AM |
| Heart Rate | 65                   |
| Systolic   | 157, LUE, Sitting    |
| Diastolic  | 89, LUE, Sitting     |
| Weight     | 213 lb               |

**Physical Exam**

**Constitutional:** No distress, cooperative, well developed, well nourished.

**Cardiovascular:** Regular rate and rhythm. No murmur. Carotid pulses are 2+ bilaterally with no bruits.

**Psychiatric:** Oriented to person, place and time. Normal mood and affect.

Mental status: alert and oriented times three.

**Cranial nerve II:**

**Visual Fields:** quadranopsia in the right lower visual field.

**Pupils:** pupils equal in size, round, reactive to light, with normal accommodation.

**Cranial nerves III, IV, and VI:** the oculomotor, trochlear and abducens nerve were intact.

**Cranial nerve V:** no trigeminal neuropathy was noted.

**Cranial nerve VII:** no facial nerve palsy was noted.

**Cranial nerve VIII:** hearing was intact.

**Cranial nerves IX and X:** there was normal movement of the soft palate.

**Cranial nerve XI:** shoulder shrug was intact bilaterally.

**Cranial nerve XII:** there was no tongue deviation with protrusion.

**Motor Strength & Tone** Strength was 5/5 in upper and lower extremities, both proximally and distally.

**Rapid Fire Movements Slow:** Finger tap was normal bilaterally.

**Involuntary Movements:** Intention tremor was observed on the right. Intention tremor was observed on the left.

**Sensory:** Light touch was intact. Pain and temperature sensation were intact.

**Reflexes:**

Biceps: right 3+, left 3+.

Triceps: right 3+, left 3+.

Brachioradialis: right 3+, left 3+.

Joni Clark MD

**Patient:** KENT MAERKI  
**Encounter:** 05/16/2013 10:00AM MRN: 0508246

Patella: right 3+, left 3+.  
Ankle Jerk: right 1+, left 1+.

Finger to nose dysmetria was not present.

Gait:  
The gait and station were normal.

Language: The language evaluation was normal.

**Problems Assessed**

- Stroke Syndrome 436
- Adult Sleep Apnea 780.57

**Impression and Plan**

Mr. Maerki is a 70 yr old male with a history of CAD, AF and recent small left frontal infarct. He is currently on Coumadin and aspirin. I don't have the MRI to review but have asked that it be sent to me. I will review and his recent labs. I do not know if INR was therapeutic at the time of this event. There is no data stating adding an aspirin is more effective to Coumadin alone. Dr. DeOcampo most likely is aware of the patient's cardiology follow up. If this is not done would recommend he also see his cardiologist for input. I will see him in follow up in 3 weeks so I can make final recommendations after review of the MRI.

**Orders**

- Follow-up visit in 3 weeks Outpatient Follow-up Status: Hold For - Scheduling Requested for: 16May2013

**Results/Data**

I have reviewed the diagnostic reports. MRI brain and MRA - see HPI

**Signatures**

Electronically signed by : Joni Clark, MD; May 16 2013 2:56PM (Attending)

Joni Clark MD

6.3



**Barrow Neurovascular**  
500 W. Thomas Road, MOB, Suite 300  
Phoenix, AZ, 85013  
PHONE: (602) 406-6262  
FAX: (602) 406-6260

MRN  
0508246

Encounter Date  
07/09/2013 3:00PM

**Patient Information**

**KENT MAERKI**  
7119 E SHEA BLVD NO 419 179  
SCOTTSDALE, AZ 85254  
72 years old  
DOB - [REDACTED]

**CC/Reason for Visit**

Follow up to review prev MRI.

**Active Problems**

- Adult Sleep Apnea 780.57
- Atrial Fibrillation 427.31
- Hypertension 401.9
- Memory Lapses Or Loss 780.93
- Stroke Syndrome 436

**History of Present Illness**

Mr. Maerki was seen in follow up on 7/9/13. He is a 70 yr old male with a history of AF s/p Maze procedure, porcine valve replacement, CABG, HTN who had a previous left frontal stroke. I did receive the MRI of the brain which revealed a punctate left frontal stroke which could have been embolic. He is on Coumadin but he drinks a lot of green tea and this has been interfering with the Coumadin. He states his cardiologist is ok with him staying on aspirin also. He states he has had short term/ recent memory problems for years and would like to see a cognitive disorder specialist.

**Review of Systems**

**General:** no fever, no chills, no excessive sweating, appetite not decreased, no fatigue, no recent weight change and no insomnia.

**ENT:** no earache, no tinnitus, no hearing loss, no nasal congestion and no difficulty swallowing.

**Eyes:** no blurred vision, no double vision, no partial visual field loss, no loss of vision, no pain in or around the eyes and no light sensitivity.

**Cardiovascular:** no chest pain, no palpitations, no fainting, no shortness of breath and no ankle swelling.

**Respiratory:** no cough, no wheezing.

**Skin:** no unexplained rashes, no itching, no alopecia, no skin lesions.

**GI:** no nausea, no vomiting, no diarrhea, no constipation, no change in bowel habits, no abdominal pain, no bloody or black stools.

**GU:** no painful urination, no blood in urine, no urinary frequency, no difficulty starting to urinate, no frequent urination at night, no loss of bladder control.

**Musculoskeletal:** no joint pain, no joint swelling, no joint stiffness, no muscle cramps, no muscle weakness, no back pain, no arthritis.

**Patient:** KENT MAERKI  
**Encounter:** 07/09/2013 3:00PM MRN: 0508246

**Neurological:** no transient paralysis, but no transient limb paralysis, no weakness, no numbness, no tingling sensation, no seizure, no tremor, no headache, no unsteadiness, no speech difficulties.

**Psychiatric:** no depression, no anxiety, no memory lapses or loss, no hallucinations, no paranoid ideations, no irritability, no panic attacks.

**Endocrine:** not intolerant to cold, not intolerant to heat, no increased thirst, no increased appetite, no large quantities of urine.

**Heme/Lymphatic:** no tendency for easy bruising, no bleeding, enlarged lymph nodes.

**Allergy/Immunology:** no complaint of recurrent infections, no exposure to HIV.

#### Past Medical History

- History of Coronary Artery Disease V12.59  
Category: History of; Status: Resolved
- History of Hypertension 401.9  
Category: History of; Status: Resolved
- History of Retinal Detachment Right 361.9  
Category: History of; Laterality: Right; Status: Resolved
- History of Stroke Syndrome 436  
Category: History of; Status: Resolved

#### Surgical History

1. History of CABG (CABG) V45.81  
Category: History of; Status: Resolved
2. History of Heart Valve Replacement V43.3  
porcine; Category: History of; Status: Resolved
3. History of Maze Procedure  
Category: History of; Status: Resolved

#### Family History

- Family history of Father Deceased At Age \_\_\_\_  
75 of heart attack; Category: Family history of; Status: Active
- Family history of Hypertension V17.49  
Category: Family history of; Status: Active
- Family history of Mother Deceased At Age \_\_\_\_  
89 of stroke; Category: Family history of; Status: Active
- Family history of Stroke Syndrome V17.1  
Category: Family history of; Status: Active

#### Social History

- Marital History - Currently Married  
spouse age: 71 health: excellent1 female age: 24 health: excellent; Status: Active

#### Denied

- History of Alcohol Use  
Category: History of; Status: Denied
- History of Tobacco Use  
Category: History of; Status: Denied

#### Current Meds

1. Aspirin 81 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
2. Coumadin TABS; Status: ACTIVE
3. Lisinopril TABS; Status: ACTIVE

#### Allergies

- No Known Drug Allergies

#### Vitals

##### Vital Signs [Data Includes: Current Encounter]

|  |           |
|--|-----------|
|  | 09Jul2013 |
|  | 03:18PM   |

Joni Clark MD

6.5

**Patient:** KENT MAERKI  
**Encounter:** 07/09/2013 3:00PM MRN: 0508246

|            |                   |
|------------|-------------------|
| Heart Rate | 75                |
| Systolic   | 145, LUE, Sitting |
| Diastolic  | 87, LUE, Sitting  |
| Weight     | 207 lb            |

### Physical Exam

**Constitutional:** No distress, cooperative, well developed, well nourished.

Motor Strength & Tone Strength was 5/5 in upper and lower extremities, both proximally and distally.

Gait:

The gait and station were normal.

Language: The language evaluation was normal.

Motor Strength & Tone Strength was 5/5 in upper and lower extremities, both proximally and distally.

### Problems Assessed

- Memory Lapses Or Loss 780.93
- Stroke Syndrome 436

### Impression and Plan

Mr. Maerki is a 70 yr old male with a history of CAD, AF and recent small left frontal infarct. He is currently on Coumadin and aspirin. He will discuss with his cardiologist whether he can be switched to Xarelto or Eliquis so he does not have the dietary or monitoring issues. Also I made a referral to the BNI cognitive group for evaluation of his memory problems. He will follow up with me prn.

### Orders

- \*Neuro Cognitive Referral Evaluation and Treatment Follow-up Status: Hold For - Scheduling Requested for: 09Jul2013
- Follow-up PRN Outpatient Follow-up Status: Active Requested for: 09Jul2013

### Results/Data

I have reviewed the diagnostic reports and personally viewed the images. MRI brain rev - acute left frontal punctate infarct 3/2013  
CT head report rev from 6/26/13 stable CT app without acute abnormality  
MRA head no significant intracranial stenosis

### Signatures

Electronically signed by : Joni Clark, MD; Jul 9 2013 4:42PM (Attending)

Joni Clark MD

6.6

**EXHIBIT 7**

SCOTTSDALE HEALTHCARE SHEA

Patient Name: KENT MAERKI  
Physician: STEPHANIE E. SCHWARZ, DO  
Med. Rec. #: 0000908687  
Pt. Acct. #: B1423920105  
Pt. Type: IP

DOB: [REDACTED]  
ADM: 08/27/2014  
DIS: 08/28/2014

DISCHARGE SUMMARY REPORT

ADMISSION DATE: 08/27/2014

DISCHARGE DATE: 08/28/2014

DISCHARGE DIAGNOSES:

1. CVA.
2. Atrial fibrillation.
3. History of mitral valve replacement.
4. Hyperlipidemia.
5. Hypokalemia.

DISCHARGE MEDICATIONS:

1. Pravastatin 20 mg at night.
2. Coumadin 5 mg once a day.
3. Lovenox 75 mg subcutaneously twice a day.
4. Norvasc 5 mg once a day.

DISCHARGE DIET: As tolerated.

DISCHARGE ACTIVITY: As tolerated.

DISCHARGE FOLLOW-UP:

1. With primary care physician in three to five days.
2. Follow-up with Cardiology in three to five days.
3. Please have INR in two to three days.

DISCHARGE INSTRUCTIONS: Please call if numbness, weakness, bleeding, or any other concerns.

CONSULTS DURING HOSPITAL STAY:

1. Cardiology.
2. Neurology.

LABS ON DAY OF DISCHARGE: Cholesterol 226, triglycerides 94, HDL 51, LDL 156, calcium 8.8, BUN 26, creatinine 1.05, sodium 138, potassium 3.3, white count 8.4, hemoglobin 14.3, and platelets 197.

IMAGING DURING HOSPITAL STAY:

1. MRA had mild intracranial changes without high-grade stenosis.
2. Neck MRA, mild changes at the carotid bifurcations bilaterally. No stenosis.
3. MRI brain, small acute non-hemorrhagic right thalamic infarct.
4. CT brain, new lacunar infarct in the left caudate head.
5. Echocardiogram, ejection fraction of 55%. There was dyskinesia at the basal mid anteroseptal wall. The study was not technically sufficient to allow evaluation of LV diastolic dysfunction.

7.1

HISTORY OF PRESENT ILLNESS: This 71-year-old male presented with left-side numbness. The patient noted when he woke up in the morning. The patient presented to the ER and had CT of head that was concerning for a stroke and was admitted for further care.

HOSPITAL COURSE:

1. CVA. The patient was admitted under the stroke protocol. Both Neurology and Cardiology were consulted. The patient has history of atrial fibrillation, which he had recently discontinued his Coumadin due to difficulty of maintaining levels. An MRI, MRA, and echo were ordered. They did reveal a thalamic stroke. Dr. Le from Cardiology and Dr. Becker from Neurology spoke with the patient and he did agree to resume Coumadin. He is not a candidate for other anticoagulation. We will give him a dose of Lovenox prior to discharge and start his Coumadin. The patient should have a repeat INR in two to three days.
2. Atrial fibrillation. Rate controlled discussions are outlined above regarding anticoagulation.
3. High blood pressure stable during hospital stay.

TIME SPENT: More than 35 minutes spent on discharge.

---

Electronically Authenticated by  
9/4/2014 6:50 PM: Stephanie E. Schwarz, DO

STEPHANIE E. SCHWARZ, DO

DD: 08/28/2014 15:38 - Job#: 4319998  
DT: 08/29/2014 00:42 - tcl  
RD: 09/04/2014 18:58  
Doc# - 68143392

cc:

Jay Friedman, MD, FACP  
Joseph Klag, DO  
Stephanie E. Schwarz, DO

7.2

**SHC Shea  
EMERGENCY FLOW SHEET RECORD**

Name: Maerki, Kent Age: 71Y MR: 0000908687 Acct: 1423920105

| VITAL SIGNS | ALAU            | CGIO            | ALAU            | ALAU            | ALAU            |
|-------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| TIME        | 8/27/2014 12:11 | 8/27/2014 11:56 | 8/27/2014 11:26 | 8/27/2014 11:12 | 8/27/2014 10:49 |
| BP          | 156/75          | 155/81          | 141/85          | 153/76          | 143/69          |
| PULSE       | -67-            | -62-            | -66-            | -61-            | -65-            |
| RESP        | 16              | -15-            | 16              | 18              | -19-            |
| TEMP        |                 |                 |                 |                 |                 |
| PAIN        |                 | 0               |                 |                 |                 |
| O2 SAT      | -97- on RA      | -96-            | -95- on RA      | -97- on RA      | -96- on RA      |

| VITAL SIGNS | ALAU            | KFAL            |
|-------------|-----------------|-----------------|
| TIME        | 8/27/2014 10:23 | 8/27/2014 10:08 |
| BP          | 137/73          |                 |
| PULSE       | -66-            | 70              |
| RESP        | 16              | 16              |
| TEMP        |                 |                 |
| PAIN        |                 | 6               |
| O2 SAT      | 98 on RA        | 97              |

7.3

Name: Maerki, Kent Age: 71Y MR: 0000908687 Acct: 1423920105  
Prepared: Wed Aug 27, 2014 17:01:59 by Interface Page: 1

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: [REDACTED] 171  
Wt/Ht:  
MedRec: 0000908687  
AcctNum: 1423920105

Patient Data

**Complaint:** L SIDE NUMBNESS  
**Triage Time:** Wed Aug 27, 2014 10:12  
**Urgency:** ESI 2  
**Bed:** ED TEAM-A  
**Initial Vital Signs:** 8/27/2014 10:08  
**BP:**  
**P:**70  
**O2 sat:**97

**ED Attending:** Andersen, MD, Stephen  
**Primary RN:** Laughlin, RN, Annette  
**R:**16  
**T:**  
**Pain:**6

**ADMIN**

**DIGITAL SIGNATURE:** Andersen, MD, Stephen. (12:51 SAN2)  
Han, Hanh. (16:58 HHAN)

**PRESENTING PROBLEM** (10:12 KFAL)

Presenting problems: Paresthesia.

**TRIAGE** (Wed Aug 27, 2014 10:12 KFAL)

**PATIENT:** AGE: 71, GENDER: male, DOB: Sun Sep 13, 1942, TIME OF GREET: Wed Aug 27, 2014 10:01, PREFERRED LANGUAGE: English, ETHNICITY: Not Hispanic/Latino, Self Admit MDs: Friedman, Jay S., MD, Zip Code: 85254-6199, PHONE: (480)422-9714, MEDICAL RECORD NUMBER: 0000908687, ACCOUNT NUMBER: 1423920105, Attending: A, NA, PCP: FRIEDMAN, JAY. (Wed Aug 27, 2014 10:12 KFAL)

**NAME:** Maerki, Kent. (12:33 CGIO)

**ADMISSION:** URGENCY: ESI 2, TRANSPORT: Self, BED: WAITING. (Wed Aug 27, 2014 10:12 KFAL)

**PROVIDERS:** TRIAGE NURSE: Kathryn Falvey, RN. (Wed Aug 27, 2014 10:12 KFAL)

**COMPLAINT:** L SIDE NUMBNESS. (Wed Aug 27, 2014 10:12 KFAL)

**TRIAGE NOTES:** P1 states he has left sided numbness since 0600 this morning. (Wed Aug 27, 2014 10:12 KFAL)

**SAFETY SCREENING:** Does the patient have complaint of an emotional or behavioral disorder? NO, Does the patient express any suicidal/homicidal thoughts/ideations? NO, Does the patient have any weapons in their possession currently? NO, Do you have any safety concerns with your home environment? NO. (10:14 KFAL)

**GCS:** The GCS total is 15. (10:14 KFAL)

**VITAL SIGNS:** Pulse 70, Resp 16, Pain 6, O2 Sat 97, Time 8/27/2014 10:08. (10:08 KFAL)

**PREVIOUS VISIT ALLERGIES:** Iodine-Iodine Containing, IODINE. (Wed Aug 27, 2014 10:12 KFAL)

Iodine-Iodine Containing, IODINE. (10:14 KFAL)

**ALLERGY** (10:12)

**IODINE:** Severity: Unknown, by System.

**KNOWN ALLERGIES**

**IODINE:** Severity: Unknown

**CURRENT MEDICATIONS** (11:28 ALAU)

**amLODIPine:**

**Patient Dose:** 5 mg PO (Oral) once a day.

**\*HPI DICTATION ONLY** (10:15 HHAN)

**CHIEF COMPLAINT:** This is a 71 y/o male who presents for left sided numbness. The pt states he has had multiple strokes but has not been left with any residual deficits. This morning when he awoke at approximately 6:00 his left arm was numb and tingly. When he sat up he was dizzy but he states he has been dizzy before when he gets up too fast. He then stood up and noted his left leg was numb as well. He had difficulty walking. He states he started doing some exercises and developed left

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 1 of 7

7.4

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: 9/ [REDACTED]  
WVH:  
MedRec: 0000908687  
AccNum: 1423920105

lower back pain. He went into the office and every time he got up he would almost fall over which he states was either from the numbness in his leg or because he fell off balance. He has not had an aspirin today. He is not currently on a blood thinner otherwise. He was taken off by his cardiologist several months ago. No other associated signs or symptoms. No other aggravating or alleviating factors. Nursing records reviewed.  
Dr. DeOcampo-neurologist  
Dr. Jay Friedman-PCP  
Dr. Jack Wolfson-cardiologist.

*HISTORIAN:* History provided by patient.

*TIME COURSE:* Sudden onset of symptoms.

*SEVERITY:* Maximum severity of symptoms moderate, Currently symptoms are moderate.

**PAST MEDICAL HISTORY**

*MEDICAL HISTORY:* History of cardiac disease, including valvular heart disease, MR, MITRAL VALVE REPLACED WITH PIG VALVE, History of neurological discase, including a CVA, MULTIPLE STROKES. (10:14 KFAL)

*SURGICAL HISTORY:* History of tonsillectomy, MITRAL VALVE REPLACED WITH PIG VALVE. (10:14 KFAL)

*PSYCHIATRIC HISTORY:* No previous psychiatric history. (10:14 KFAL)

*SOCIAL HISTORY:* Denies consumption of alcohol, Patient was never a smoker, Denies drug abuse, Marital Status: Married, Lives at home with family, Patient has advanced directives, Advanced Directive type: Living Will, Advanced Directive Type: Medical POA for Healthcare, Family will bring in advanced directives. (10:14 KFAL)

*NOTES:* Nursing records reviewed. (10:35 HHAN)

**EVENTS**

*ATTENDING:* Patient care initiated. (10:13 SAND)

*TRANSFER:* Triage to Emergency Waiting. (Wed Aug 27, 2014 10:12 KFAL)

Emergency Waiting to Team A 06. (10:13 KFAL)

Removed from Emergency Team A 06. (12:38 ALAC)

**ROS** (10:15 HHAN)

*NOTES:* All systems were reviewed and are negative except as described above, All 10 systems reviewed and are negative. Exceptions are noted in HPI.

**PHYSICAL EXAM** (10:15 HHAN)

*CONSTITUTIONAL:* Vital Signs Reviewed, Well appearing, Patient appears comfortable, Alert and oriented X 3.

*HEAD:* Atraumatic, Normocephalic.

*EYES:* Pupils equal, round and reactive to light, Extraocular muscles intact, Sclera are normal, Lids normal.

*ENT:* Ears normal to inspection, Mouth normal to inspection, ears symmetrical, hearing intact, tongue and uvula midline, mucous membranes moist.

*NECK:* Normal ROM, No jugular venous distention, No meningeal signs, no adenopathy.

*RESPIRATORY CHEST:* Chest is nontender, Breath sounds normal, No respiratory distress.

*CARDIOVASCULAR:* RRR, No murmurs, No rub.

*ABDOMEN MALE:* Assessment includes:, Abdomen is nontender, No masses, No pulsatile masses, Bowel sounds normal, No peritoneal signs, Liver and spleen normal.

*BACK:* Assessment includes:, No CVA tenderness, Normal inspection.

*UPPER EXTREMITY:* Inspection normal, No edema, Normal pulses.

*LOWER EXTREMITY:* Inspection normal, No edema, Normal pulses.

*NEURO:* No focal motor deficits, Decreased sensation to touch on LUE and LLE, Cranial nerves intact, No cerebellar deficits, Normal DTRs, Babinski absent, Speech normal, patient able to

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 2 of 7

7.5

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: ██████████  
W/Ht:  
MedRec: 0000908687  
AcctNum: 1423920105

sit without assistance.  
*SKIN:* Skin is warm, Skin is dry, no rash or bruising, no petechiae or purpura.  
*PSYCHIATRIC:* Oriented X 3, Normal affect.

**DOCTOR NOTES/ MEDICAL DECISION MAKING**

*TEXT:* H&P are most consistent with acute CVA. Patient is not a thrombolytic candidate as his symptoms were present when he awoke this morning so we have no clear reference for onset of symptoms. I will check basic labs and CT his head. He is given aspirin orally. (10:20 SAND)  
*EKG interpretation by me:* 12-lead cardiogram shows an afib rhythm w/o RVR. No ST elevation or depression. No T-wave inversion except normal variant. No sign of acute ischemia or infarct.  
*LAFB,* unchanged from prior EKG, 11-9-11. (10:30 SAND)  
*istat 8* remarkable for BUN/Cr 30/1.3, stable. (10:36 SAND)  
*X-ray interpretation:* pCXR shows no pncumo or hemothorax. No infiltrate or effusion. Normal mediastinal shape and contour. Sternotomy wires. Normal CXR. 1 V. (10:42 HHAN)  
*CT brain w/o contrast* read by Dr. Terry Reeves: New lacune in the left caudate head. No bleed. Atrophy and small vessel disease. (11:02 HHAN)  
Case discussed with Dr. Jay Friedman who is going out of town and asks that we admit to 4C. (11:04 HHAN)  
The pt is resting comfortably. We explained to the pt that the CT scan shows evidence of an acute stroke, that will admit to the hospital where neurology will see him. He is agreeable with the plan. (11:08 HHAN)  
Case discussed with Dr. Becker who will consult and asks that we hold off on the lovenox until the MRI is done. (11:10 HHAN)  
Case discussed with Dr. Schwarz who has accepted the pt for admission. (11:11 HHAN)  
Total CC time: 40 min. (11:14 SAND)  
Stephen H. Andersen MD FACEP. (11:15 SAND)

**EMERGENCY DEPARTMENT COURSE** (10:15 HHAN)

*TEXT:* Written by Hanh Han, acting as a scribe for Dr. Andersen. The history, physical exam, any procedure, and all medical decisions were performed by Dr. Andersen.

**ATTENDING** (11:15 SAND)

*ATTENDING NOTE:* Documentation has also been performed by the scribe. I have personally performed the history, physical exam, all consultations, and medical decision-making pertaining to this patient. I have reviewed the scribe documentation.

**DIAGNOSIS** (11:14 HHAN)

*FINAL:* PRIMARY: Acute CVA.

**DISPOSITION**

*PATIENT:* Disposition: Admit to Tele. (11:14 HHAN)  
Patient left the department. (12:38 ALAU)

**PRESCRIPTION**

No recorded prescriptions

**MEDICATION ADMINISTRATION SUMMARY**

| Drug Name    | Dose Ordered | Route     | Status | Time            |
|--------------|--------------|-----------|--------|-----------------|
| aspirin oral | 325 mg       | PO (Oral) | Given  | 10:32 8/27/2014 |

Detailed record available in Medication Service section.

**RESULTS**

*LABORATORY:* (10:36 SAND)

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 3 of 7

7.6

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: [REDACTED] M71  
Wt/Ht:  
MedRec: 0000908687  
AcctNum: 1423920105

| Measurement   | Result   | Units   | Range     |
|---|----------|---------|-----------|
| ISTAT PANEL 7 Collection DT: Wed Aug 27, 2014 10:30                           |          |         |           |
| <b>Creatinine</b>   | 1.3 - H  | mg/dl   | 0.7-1.2   |
| Point of Care Test<br>Refer to patient Medical Record for Ordering Physician. |          |         |           |
| <b>Sodium</b>   | 141 - N  | mmol/L  | 136-144   |
| <b>Potassium</b>  | 3.8 - N  | mmol/L  | 3.6-5.0   |
| <b>Chloride</b>   | 105 - N  | mmol/L  | 101-111   |
| <b>BUN</b>  | 30 - H   | mg/dl   | 8-20      |
| <b>Glucose</b>  | 82 - N   | mg/dl   | 65-99     |
| <b>TCO2</b>   | 25 - N   | mmol/L  | 24-29     |
| <b>Hematocrit</b>   | 43 - N   | %       | 40-55     |
| <b>Hemoglobin</b>   | 14.6 - N | gram/dL | 14.0-18.0 |
| <b>Anion Gap</b>  | 16 - N   | mmol/L  | 10-20     |
| <b>Ionized Calcium</b>  | 1.22 - N | mmol/L  | 1.12-1.32 |
| The above 11 analytes were performed by Scottsdale Healthcare Laboratory      |          |         |           |
| Shea<br>Scottsdale Healthcare, 9003 E. Shea Blvd., SCOTTSDALE, AZ 85260       |          |         |           |

(11:13 SAND)

| Measurement  | Result    | Units                  | Range     |
|--|-----------|------------------------|-----------|
| CBC AUTOMATED(PLATELET W/ DIFF) Collection DT: Wed Aug 27, 2014 10:39    |           |                        |           |
| <b>WBC</b>   | 7.6 - N   | x(10) <sup>3</sup> /uL | 4.5-10.0  |
| <b>RBC</b>   | 4.58 - L  | x(10) <sup>6</sup> /uL | 4.60-6.20 |
| <b>Hemoglobin</b>  | 14.8 - N  | gram/dL                | 14.0-18.0 |
| <b>Hematocrit</b>  | 44.6 - N  | %                      | 40.0-55.0 |
| <b>MCV</b>   | 97.3 - H  | fL                     | 80.0-90.0 |
| <b>MCH</b>   | 32.3 - H  | pg                     | 27.0-31.0 |
| <b>MCHC</b>  | 33.2 - N  | gram/dL                | 32.0-36.0 |
| <b>RDW</b>   | 13.8 - N  | %                      | 11.5-14.5 |
| <b>HDW</b>   | 2.5 - N   | gram/dL                | 0.0-4.5   |
| <b>Platelet</b>  | 196.0 - N | x(10) <sup>3</sup> /uL | 140-440   |
| <b>Neutrophil</b>  | 53.9      | %                      |           |
| <b>Lymphocytes</b>   | 30.0      | %                      |           |
| <b>Monocyte</b>  | 11.2      | %                      |           |
| <b>Eosinophil</b>  | 3.7       | %                      |           |
| <b>Basophil</b>  | 1.2       | %                      |           |
| <b>Neutrophil Absolute</b>   | 4.07 - N  | x(10) <sup>3</sup> /uL | 2.25-7.00 |
| <b>Lymph Absolute</b>  | 2.30 - N  | x(10) <sup>3</sup> /uL | 0.90-4.00 |
| <b>Monocyte Absolute</b>   | 0.85 - N  | x(10) <sup>3</sup> /uL | 0.00-1.10 |
| <b>Eosinophil Absolute</b>   | 0.28 - N  | x(10) <sup>3</sup> /uL | 0.00-0.60 |
| <b>Basophil Absolute</b>   | 0.09 - N  | x(10) <sup>3</sup> /uL | 0.00-0.30 |
| <b>Macrocytosis</b>  | +         |                        |           |
| The above 21 analytes were performed by Scottsdale Healthcare Laboratory |           |                        |           |
| Shea<br>Scottsdale Healthcare, 9003 E. Shea Blvd., SCOTTSDALE, AZ 85260  |           |                        |           |

**VITAL SIGNS**

VITAL SIGNS: Pulse: 70, Resp: 16, Pain: 6, O2 sat: 97, Time: 8/27/2014 10:08. (10:08 KPAL)  
 BP: 137/73, Pulse: -66-, Resp: 16, O2 sat: 98 on RA, Time: 8/27/2014 10:23. (10:23 ALAU)  
 BP: 143/69, Pulse: -65-, Resp: -19-, O2 sat: -96- on RA, Time: 8/27/2014 10:49. (10:49 ALAU)  
 BP: 153/76, Pulse: -61-, Resp: 18, O2 sat: -97- on RA, Time: 8/27/2014 11:12. (11:12 ALAU)  
 BP: 141/85, Pulse: -66-, Resp: 16, O2 sat: -95- on RA, Time: 8/27/2014 11:26. (11:26 ALAU)  
 BP: 155/81, Pulse: -62-, Resp: -15-, Pain: 0, O2 sat: -96-, Time: 8/27/2014 11:56. (11:56 CGIG)  
 BP: 156/75, Pulse: -67-, Resp: 16, O2 sat: -97- on RA, Time: 8/27/2014 12:11. (12:11 ALAU)

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 4 of 7

7.7

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: [REDACTED] M71  
Wt/Ht:  
MedRec: 0000908687  
AcctNum: 1423920105

**ORDERS**

**CBC, AUTOMATED (PLATELET & DIFF):** Ordered for: Andersen, MD, Stephen

Status: Done by: System - Wed Aug 27, 2014 10:56. (10:19 SAND)

**CHEST PORTABLE:** Ordered for: Andersen, MD, Stephen

Status: Active

Reason: Weakness. (10:19 SAND)

**CT BRAIN W/O CONTRAST:** Ordered for: Andersen, MD, Stephen

Status: Active

Reason: Neuro Deficits. (10:19 SAND)

**FULL EKG-ED ONLY:** Ordered for: Andersen, MD, Stephen

Status: Done by: System - Wed Aug 27, 2014 13:07. (10:19 SAND)

**I-Stat 8:** Ordered for: Andersen, MD, Stephen

Status: Done by: Furr, PCT 2, Renon - Wed Aug 27, 2014 10:25. (10:19 SAND)

**IV Saline Lock:** Ordered for: Andersen, MD, Stephen

Status: Done by: Laughlin, RN, Annette - Wed Aug 27, 2014 10:23. (10:19 SAND)

**URINALYSIS W/MICRO/CUL IF INDICAT:** Ordered for: Andersen, MD, Stephen

Status: Canceled by: Giordano, RN, Cathy - Wed Aug 27, 2014 12:02

Reason for Cancel: no void. (10:19 SAND)

**Urine Dip:** Ordered for: Andersen, MD, Stephen

Status: Canceled by: Giordano, RN, Cathy - Wed Aug 27, 2014 12:02

Reason for Cancel: no void. (10:19 SAND)

**MRA HEAD W/O:** Ordered for: Andersen, MD, Stephen

Status: Active

Reason: Neuro Deficits. (11:11 SAND)

**MRA NECK W/O:** Ordered for: Andersen, MD, Stephen

Status: Active

Reason: Neuro Deficits. (11:11 SAND)

**MRI BRAIN INCL STEM W/O:** Ordered for: Andersen, MD, Stephen

Status: Active

Reason: neuro deficits. (11:11 SAND)

**MEDICATION SERVICE** (10:32 SAND)

**aspirin oral:** Order: aspirin oral (aspirin) - Dose: 325 mg : PO (Oral)

Ordered by: Stephen Andersen, MD

Entered by: Stephen Andersen, MD Wed Aug 27, 2014 10:19 ,

Acknowledged by: Annette Laughlin, RN Wed Aug 27, 2014 10:26

Documented as given by: Annette Laughlin, RN Wed Aug 27, 2014 10:32

Patient, Medication, Dose, Route and Time verified prior to administration.

Correct patient, time, route, dose and medication confirmed prior to administration. Patient advised

of actions and side-effects prior to administration, Allergies confirmed and medications reviewed

prior to administration, Patient tolerated procedure well.

**NURSING ASSESSMENT: HEAD-TO-TOE** (10:36 ALAU)

**STANDARD CARE STATEMENT:** Neurological Disorders, No relevant co-morbidities noted.

**CONSTITUTIONAL:** Complex assessment performed, History obtained from patient, Patient appears comfortable, Patient cooperative, Patient alert, Oriented to person, place and time, Skin warm, Skin dry, Skin normal in color, Mucous membranes pink, moist. Capillary refill is brisk, Patient is well-groomed.

**NEURO:** Able to close eyes, Face symmetrical, Speech normal, GCS:, GCS Total: 15, Hand grasps equal, Foot press equal, Notes: numbness to left arm and leg.

**RESPIRATORY/CHEST:** Respiratory assessment findings include respiratory effort easy,

Respirations regular, Conversing normally, Signs of distress.

**CARDIOVASCULAR:** No associated diaphoresis.

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 5 of 7

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: 9/13/1942 M71  
Wt/Ht: 170/68  
MedRec: 0000908687  
AccNum: 1423920105

*ABDOMEN:* Abdomen soft, non-tender, no pulsatile mass.

**NURSING PROCEDURE: NURSE NOTES** (12:06 CGJO)

*TIME:* Notes: MRI form completed and tele sup notified mri is not ready for pt so he will go to floor room first.

**NURSING PROCEDURE: ADMISSION** (12:03 CGJO)

*ADMISSION:* Patient admitted to Telemetry unit, Report printed to floor, Geriatric risk assessment and CAM assessment completed, Skin assessment form completed and sent to floor with patient, Transported via cart/stretchers, Transported with oxygen, Transported with BLS care, Accompanied by transport.

**NURSING PROCEDURE: BEDSIDE TESTING** (10:25 RFUR)

*PATIENT IDENTIFIER:* Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet.

*ELECTROLYTES:* Electrolyte testing indicated to facilitate diagnosis, Electrolyte testing indicated to check blood level.

*FOLLOW-UP:* After procedure, results given to ANDERSEN.

*SAFETY:* Side rails up, Cart/Stretchers in lowest position, Family at bedside, Call light within reach, Hospital ID band on.

**NURSING PROCEDURE: CAM ASSESSMENT TOOL** (12:04 CGJO)

*PATIENT IDENTIFIER:* Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet.

*CAM ASSESSMENT TOOL:* CAM Acute onset: Negative, CAM Fluctuating course: Negative, CAM Inattention: Negative, CAM Disorganized thinking: Negative, CAM Altered Level of Consciousness: Negative, Total CAM Score: Negative.

**NURSING PROCEDURE: CARDIAC MONITOR** (10:36 ALAU)

*CARDIAC MONITOR:* Patient placed on cardiac monitor, Patient placed on non-invasive blood pressure monitor, Patient placed on continuous pulse oximetry.

**NURSING PROCEDURE: EKG CHART** (10:15 JSTU)

*PATIENT IDENTIFIER:* Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet, Patient actively involved in identification process.

*EKG:* EKG indicated for numbness, 12 lead EKG performed on the left chest, done by tech, EKG completed at 1011, first EKG.

*SAFETY:* Side rails up, Cart/Stretchers in lowest position, Family at bedside, Call light within reach, Hospital ID band on.

**NURSING PROCEDURE: IV** (10:23 ALAU)

*PATIENT IDENTIFIER:* Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet.

*IV SITE 1:* IV indicated for venous access, IV, established to the left antecubital, using a 20 gauge 1 1/4" catheter, in one attempt, IV site prepped with chloroprep, Saline lock established, Flushed with normal saline (mls): 10, Labs drawn at time of placement, labeled in the presence of the patient and sent to lab. Tubes drawn were:

*FOLLOW-UP SITE 1:* After procedure, tegaderm dressing applied, After procedure, no drainage at IV site, After procedure, no swelling at IV site, After procedure, no redness at IV site.

*SAFETY:* Side rails up, Cart/Stretchers in lowest position, Call light within reach, Hospital ID band on.

**NURSING PROCEDURE: TRANSPORT TO TESTS**

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 6 of 7

**SHC SHEA  
ED RECORD**

Maerki, Kent  
DOB: 9/13/1942 M71  
W/HI:  
MedRec: 0000908687  
AcctNum: 1423920105

**TRANSPORT TO TESTS:** Transport indicated to facilitate diagnosis, Patient transported to CT scan, via cart, Accompanied by transport technician, Accompanied by nurse, monitored.

(10:36 ALAU)  
**FOLLOW-UP:** After procedure, patient returned to emergency department. (10:45 ALAU)

**ADMIN**

**PATIENT DATA CHANGE:** Primary Nurse changed from (none) to Annette Laughlin, RN.

(10:13 ALAU)  
Attending changed from (none) to Stephen Andersen, MD. (10:13 SAND)  
Scribe changed from (none) to Hanh Han. (10:13 HHAN)  
Race: (none). (10:14 KFAL)  
A02 172615119 by Interface. (10:14)  
A02 172615172 by Interface. (10:16)  
Admitting Doctor: Schwarz, Stephanie Elizabeth. (11:19 CMON)  
Admit Area: tele. (11:28 CMON)  
Co Pay: No, Mdcrc Appeals Letter: Yes, Valid ID: Yes, Hosp Status Letter: Yes. (11:38 SUST)  
A08 172619093 by Interface, Name: MAERKI, KENT, SSN: 295367273, Withdraw Consent: (none). (11:39)  
A08 172619100 by Interface. (11:40)  
A08 172619107 by Interface. (11:40)  
A08 172619109 by Interface. (11:40)  
A08 172619147 by Interface. (11:41)  
Extender changed from (none) to Cathy Giordano, RN. (11:42 CGIO)  
A08 172619399 by Interface, Payment: Z AARP SUPP 1500. (11:46)  
Admit Room: 2115. (11:51 CMON)  
A08 172619770 by Interface. (11:54)  
Name: Maerki, Kent, Withdraw Consent: N, Extender: . (12:33 CGIO)

**ADMISSION REQUEST**

**ENTRY:** :  
Admitting Doctor: Schwarz, Stephanie Elizabeth  
Self Admit MDs: Friedman, Jay S., MD  
PRIMARY: Acute CVA. (11:19 CMON)  
**UPDATE:** Admit Area: tele. (11:28 CMON)  
Admit Room: 2115  
Bed Status: Bed Ready. (11:51 CMON)

**IMAGING** (11:27 RFUR)

**SKIN DOCUMENTATION SHEET:** Image captured from scanner.

**Key:**

ALAU=Laughlin, RN, Annette CGIO=Giordano, RN, Cathy CMON=Montoya, Cassie HHAN=Hanh Hanh  
JSTU=Stuart, PCT 2, Jeritha KFAL=Falvey, RN, Kathryn RFUR=Furr, PCT 2, Renon SAND=Andersen, MD, Stephen  
SUST=Stevens, Susan

Prepared: Wed Aug 27, 2014 17:01 by Interface Page: 7 of 7

7.10



Name: Maerki, Kent  
Age: 71Y DOB: Sep 13, 1942  
Gender: M Wt: Ht:  
MedRec: 0000908687  
AcctNum: 1423920105  
Attending: SAND  
Primary RN: ALAU  
Bed: ED TEAM-A

## SHC SHEA MEDICATION RECONCILIATION

---

You were seen in the Emergency Department on: Wed Aug 27, 2014

### KNOWN ALLERGIES

IODINE: Severity: Unknown

### MEDICATIONS GIVEN WHILE IN THE EMERGENCY DEPARTMENT

aspirin oral (aspirin) - Dose: 325 milligram(s) : PO (Oral)

### HOME MEDICATIONS

amlODIPine  
Patient had been taking: 5 mg PO (Oral) once a day.

Please bring this list of medications to your doctor on you next visit.

Favor de llevar esta lista de medicamentos a la proxima cita con su doctor.

Prepared: Wed Aug 27, 2014 17:01 by Interface 1 of 1

7.10

SCOTTSDALE HEALTHCARE SHEA

Patient Name: KENT MAERKI  
Physician: STEPHANIE E. SCHWARZ, DO  
Med. Rec. #: 0000908687  
Pt. Acct. #: B1423920105  
Pt. Type: IP

DOB: [REDACTED]  
ADM: 08/27/2014  
DIS:

HISTORY AND PHYSICAL REPORT

CHIEF COMPLAINT(S): Left side numbness.

HISTORY OF PRESENT ILLNESS: This is a 71-year-old male with past medical history of atrial fibrillation and stroke, who presents to the emergency room with left-sided weakness. The patient woke up around 6 o'clock this morning. When he woke up he noted his left arm was tingling. He tried to do some exercises, felt a little better, but then when he got up to walk to the office, he noted that he did not feel sure fitted on his left side. When his symptoms did not improve, he presented to the ER where he had a CT of his head which showed a left lacunar infarct.

The patient does have a history of atrial fibrillation. He is not on anticoagulation. He states he had been on Coumadin in the past, but he had a hard time regulating his Coumadin and therefore discontinued it. The patient also states that a CT scan in the past shows that he has had a history of stroke, but he has been asymptomatic from strokes in the past.

PAST MEDICAL HISTORY:

1. Obstructive sleep apnea.
2. Atrial fibrillation, history of ablation and cardioversion.
3. High blood pressure.
4. Coronary artery disease.
5. Stroke.
6. History of cerebral hemorrhage.

PAST SURGICAL HISTORY:

1. CABG.
2. Mitral valve replacement.
3. Right retinal detachment.
4. Tonsillectomy.
5. Left knee ACL.
6. Right knee meniscal repair.

ALLERGIES: Iodine contrast.

MEDICATIONS: Norvasc 5 once a day.

FAMILY HISTORY: Father passed away of an MI at 75. Mother passed away at 89 of sepsis.

SOCIAL HISTORY: Patient is married. He does not smoke or drink. He works as an investment banker.

REVIEW OF SYSTEMS: All systems reviewed. EYES: Negative. EARS, NOSE AND THROAT: Negative. CARDIOVASCULAR: Negative. GASTROINTESTINAL:

7.12

Negative. RESPIRATORY: Negative. MUSCULOSKELETAL: Negative. SKIN: Negative. NEUROLOGIC: Complains of left-side numbness. ENDOCRINE: Negative. PSYCHIATRIC: Negative. HEMATOLOGIC: Negative. GENITOURINARY: Negative.

PHYSICAL EXAMINATION: Temperature 97.6, blood pressure 150/73, pulse 69, respirations 16, 98% on room air. GENERAL: Alert and oriented x3, in no apparent distress. HEENT: Extraocular muscles intact x2. Pupils equal, round, react to light. Moist mucosa. NECK: No thyromegaly. No JVD. CARDIOVASCULAR: Regular rate and rhythm. No audible murmurs. RESPIRATORY: Clear to auscultation. ABDOMEN: Soft, nontender, positive bowel sounds. EXTREMITIES: No edema. NEUROLOGIC: Cranial nerves II-XII intact. Sensation diminished in left foot and left ankle. Motor intact. Deep tendon reflexes intact.

LABORATORY STUDIES: Creatinine 1.3, sodium 141, potassium 3.8. White count 7.6, hemoglobin 14.8, platelets 196.

IMAGING STUDIES:

1. CT OF HEAD: New lacunar infarct in left caudate head.
2. CHEST X-RAY: No acute disease.

ASSESSMENT AND PLAN(S):

1. CVA. Patient's CT scan is consistent with a left lacunar infarct. Patient is currently not on anticoagulation. Patient has been on Coumadin in the past. I did discuss with him at length about new anticoagulant options, and he does definitely seem open to them at this time. I will have Cardiology to see patient. He has seen Dr. Klag in the past and gets along well with him; therefore, Dr. Klag will be consulted. Neurology will also be consulted for further recommendations. An MRI, MRA has been ordered. Patient has already completed his echocardiogram. Also order PT as well.
2. Atrial fibrillation. Patient is currently in atrial fibrillation. He is rate controlled. For now I am going to have him on aspirin 325 once a day until he has further discussions with both Dr. Becker and Dr. Klag.
3. High blood pressure. Will continue patient's Norvasc.
4. Coronary artery disease, stable.
5. Status post valve replacement, stable.
6. Inpatient status.

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Electronically Authenticated by  
8/28/2014 9:54 AM: Stephanie E. Schwarz, DO

STEPHANIE E. SCHWARZ, DO

DD: 08/27/2014 16:00 - Job#: 4318491  
DT: 08/27/2014 18:17 - mas  
RD: 08/28/2014 10:11  
Doc# - 68141581

cc:  
Stephanie E. Schwarz, DO

Jeffrey Becker, DO

7.14

SCOTTSDALE HEALTHCARE SHEA

Patient Name: KENT MAERKI  
Physician: STEPHANIE E. SCHWARZ, DO  
Med. Rec. #: 0000908687  
Pt. Acct. #: B1423920105

DOB: [REDACTED]  
ADM: 08/27/2014  
DIS: 08/28/2014

Consultant: P. CAMILLE LE, MD  
Pt. Type: IP  
Referring:

DOS:

CONSULTATION REPORT

This is a 71-year-old gentleman who had a history of atrial fibrillation, had a CABG and bioprosthetic aortic valve replacement in 2010. He recently stopped taking his Coumadin about two months ago. This morning at 6 a.m. he woke up, he felt left arm tingling and had difficult time feeling his left foot. Since his symptoms did not improve, he went to the emergency room. He was found to have a left lacunar infarct.

Currently he still has the above symptoms but no chest pain or shortness of breath. He denies any recent illness.

REVIEW OF SYSTEMS: Negative except for what was noted in HPI.

PAST MEDICAL HISTORY:

1. Obstructive sleep apnea.
2. Atrial fibrillation with history of cardioversion and a surgical Maze procedure.
3. High blood pressure.
4. Coronary artery disease, history of CABG.
5. History of cerebral hemorrhage, remote.
6. History of stroke.

HOME MEDICATIONS: Norvasc 5 mg daily.

FAMILY HISTORY: Father passed away of MI at age 75.

SOCIAL HISTORY: He denies any tobacco, alcohol or illicit drug use. He is still working as an investment banker.

PHYSICAL EXAMINATION: Temperature 97.7, pulse 68, respiration 14, blood pressure 147/86, 98% on room air. He is currently comfortable, in no acute distress. HEENT: No carotid bruits. Normal carotid upstrokes, no JVD. CARDIAC: S1, S2, no murmurs, rubs or gallops. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft, nontender, nondistended. EXTREMITIES: No clubbing, cyanosis or edema.

EKG: Atrial fibrillation, ventricular rate is 71, LVH with mild QRS widening.

IMPRESSION:

1. Atrial fibrillation, history of surgical Maze. Had just stopped Coumadin about two months ago, now has presented with a left lacunar infarct.
2. Hypertension.

3. CAD, CABG.
4. Obstructive sleep apnea.

RECOMMENDATION(S): Coumadin and Lovenox bridging. He is not a candidate for the newer anticoagulation agents. His atrial fibrillation is potentially related to his valvular issues. He had severe mitral regurgitation prior to his mitral valve replacement. Traditionally, mitral stenosis is more related to atrial fibrillation, however, it is unclear if this severe mitral regurgitation would be potential culprit for his atrial fibrillation. Therefore, I would recommend Coumadin with Lovenox bridging. I explained this in detail with the patient who verbalized understanding and agreement with the plan.

2. Will follow and have more recommendations depending on his clinical progress and study findings.

Thank you very much for this consultation. Please do not hesitate to call with any questions or concerns.

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Electronically Authenticated by  
9/5/2014 9:50 AM: P. Camille Le, MD

P. CAMILLE LE, MD

DD: 08/28/2014 10:33 - Job#: 4319437  
DT: 08/28/2014 21:50 - djp  
RD: 09/05/2014 09:55  
Doc# - 68143137

cc:  
P. Camille Le, MD



incontinence or burning with urination. MUSCULOSKELETAL: Denies muscle stiffness or joint pain. PSYCHIATRIC: Denies depression or anxiety. HEMATOLOGICAL: Denies easy bruising or bleeding.

PAST MEDICAL HISTORY:

1. Atrial fibrillation - status post ablation and cardioversion.
2. Hypertension.
3. Coronary artery disease.
4. Obstructive sleep apnea.
5. Remote history of intracerebral hemorrhage.

FAMILY MEDICAL HISTORY:

SOCIAL HISTORY: The patient denies tobacco use, alcohol use, or illicit drug use.

MEDICATIONS:

Amlodipine 5 mg daily.

MEDICATION ALLERGIES: Iodine.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 148/72, pulse 70, respiratory rate 16. APPEARANCE: Patient is well developed and in no apparent distress. Affect is normal and appropriate. NECK: Supple without adenopathy, thyromegaly, or carotid bruits. CHEST: Clear to auscultation. HEART: Rate and rhythm are regular without murmurs. ABDOMEN: Soft, nontender without distension or masses. EXTREMITIES: Without cyanosis, clubbing, or edema.

NEUROLOGICAL EXAMINATION: Mental status examination: 30/30; oriented to person, place, and date; recent and remote memory intact; average attention span; speech and language within normal limits; no perseveration or apraxia. Cranial nerves II-XII: Funduscopic exam without hemorrhages or papilledema; pupils equal round and reactive to light; extraocular movements intact and bilaterally synchronous in all cardinal fields of gaze; corneal reflexes intact; visual fields full bilaterally; facial sensation normal and no facial weakness; hearing normal bilaterally; speech without dysarthria and normal swallowing reflex; trapezius muscle strength normal bilaterally; normal tongue movements. Motor: Strength and tone normal and symmetrical both proximally and distally in all extremities; no atrophy; reflexes 2/4 symmetrically with good amplitude; plantar responses down going bilaterally. Sensory: Detailed sensory examination essentially within normal limits except for mild decreased light touch in the left distal leg (anterior tibial plateau). Otherwise, detailed sensory examination grossly within normal limits. Cerebellar: Coordination is normal; no dysmetria, ataxia, asterixis; rapid fine motor movements. Gait and Station: Normal base and station; tandem gait without ataxia.

DIAGNOSTIC LABORATORY: Cholesterol 226, triglycerides 94, calcium 8.8, glucose 89, BUN 26, creatinine 1.05, sodium 138, potassium 2.3, chloride 108, CO2 26, WBC 8.4, hemoglobin 14.3, hematocrit 41.7, platelets 197.

DIAGNOSTIC RADIOLOGY: MRI brain scan reveals small, acute, nonhemorrhagic right thalamic infarction. Mild to moderate chronic microangiopathic disease. Intracranial MRA negative. Carotid MRA negative.

IMPRESSION AND PLAN: Acute right thalamic stroke - ischemic.

Mr. Maerki has suffered an acute right thalamic ischemic stroke. Differential diagnosis includes atheroembolic versus cardioembolic. Since he has a history of atrial fibrillation, he needs to re-initiate full-dose anticoagulation therapy. Would also be beneficial for him to be on aspirin 81 mg daily for small-vessel atherosclerotic disease. At this time, I would initiate full-dose Lovenox as a bridge until Coumadin is therapeutic. This can be managed in the outpatient cardiology office. He is neurologically stable for discharge home and may follow-up with outpatient neurology clinic.

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Electronically Authenticated by  
8/29/2014 5:38 PM: Jeffrey Becker, DO

JEFFREY BECKER, DO

DD: 08/28/2014 15:09 - Job#: 4319940  
DT: 08/29/2014 12:30 - nam  
RD: 08/29/2014 17:58 - nam  
Doc# - 68143809

cc:  
Jeffrey Becker, DO



Scottsdale Healthcare Shea  
 9003 E. Shea Blvd.  
 Scottsdale, AZ 85260  
 (480)323-3000  
 IAC Accredited Echocardiography Laboratory

**Transthoracic Echocardiogram**  
 2D, M-mode, Doppler, and Color Doppler

|                               |             |                          |                     |
|-------------------------------|-------------|--------------------------|---------------------|
| <b>Patient name:</b>          | KENT MAERKI | <b>Study date:</b>       | 27-Aug-2014         |
| <b>Medical record number:</b> | 908687      | <b>Accession number:</b> | 7329066             |
| <b>Account number:</b>        | B1423920105 | <b>Location:</b>         | SHCS                |
| <b>DOB:</b>                   | ██████████  | <b>Height:</b>           | 75 in               |
| <b>Age:</b>                   | 71 years    | <b>Weight:</b>           | 198.7 lb            |
| <b>Gender:</b>                | Male        | <b>BSA:</b>              | 2.19 m <sup>2</sup> |
| <b>Race:</b>                  | Caucasian   | <b>HR:</b>               | 61 bpm              |
|                               |             | <b>BP:</b>               | 120/ 83             |

**Reading Physician:** Krishnaswami Vijayaraghavan, MD  
**Sonographer:** Christy Sokolowski, RDCS

**Attending Physician:** A, NA  
**Attending Physician:** SCHWARZ, STEPHANIE  
**Ordering Physician:** Stephanie Elizabeth Schwarz, DO  
**Primary Physician:** FRIEDMAN, JAY S

**Reason for study:** CVA.

**Summary**

- **Left ventricle:**
  - Systolic function was normal. Ejection fraction was estimated in the range of 55 %.
  - There was dyskinesia of the basal-mid anteroseptal wall(s).
  - The study was not technically sufficient to allow evaluation of LV diastolic function. A wave not visualized. patient may be in Atrial fibrillation
- **Aortic valve:**
  - There was mild regurgitation.
- **Mitral valve:**
  - A bioprosthesis was present. It exhibited normal function. However, the peak gradient across the MV is 18 mm Hg, mean of 8 mm Hg and MVA of 1.7 cm sq which could represent a mild prosthetic valve stenosis
- **Left atrium:**
  - The atrium was markedly dilated.
- **Pulmonary arteries:**
  - Systolic pressure was mildly increased. Estimated peak pressure was 30 mmHg.
- **Tricuspid valve:**
  - There was mild regurgitation.

**Procedure:** The procedure was performed in the echo lab. This was a routine study. The transthoracic approach was used. The study included complete 2D imaging, M-mode, complete spectral Doppler, and color Doppler. Image quality was good.

**Left ventricle:** Size was normal. Systolic function was normal. Ejection fraction was estimated in the range of 55 %. There was dyskinesia of the basal-mid anteroseptal wall(s). Wall thickness was normal. Doppler: The study was not technically sufficient to allow evaluation of LV diastolic function.

A wave not visualized. patient may be in Atrial fibrillation

**Aortic valve:** The valve was trileaflet. Leaflets exhibited normal thickness and normal cuspal separation. Doppler: Transaortic velocity was within the normal range. There was no evidence for stenosis. There was mild regurgitation.

**Aorta:** The visualized aortic root appears normal.

**Mitral valve:** A bioprosthesis was present. It exhibited normal function. However, the peak gradient across the MV is 18 mm Hg, mean of 8 mm Hg and MVA of 1.7 cm sq which could represent a mild prosthetic valve stenosis

**Left atrium:** The atrium was markedly dilated.

**Right ventricle:** The size was normal. Systolic function was normal.

**Pulmonic valve:** Not well visualized.

**Pulmonary artery:** Doppler: Systolic pressure was mildly increased. Estimated peak pressure was 30 mmHg.

**Tricuspid valve:** The valve structure was normal. There was normal leaflet separation. Doppler: There was no evidence for stenosis. There was mild regurgitation.

MR# 908687: MAERKI, KENT (Proc. Date: 08/27/2014 2:37:18 PM)

**Right atrium:** Size was normal.

**Pericardium:** There was no pericardial effusion. The pericardium was normal in appearance.

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**System measurement tables**

**2D mode measurements**

|                          |                        |                         |               |
|--------------------------|------------------------|-------------------------|---------------|
| <b>Aorta</b>             |                        |                         | <b>Normal</b> |
| AoR Diam, 2D             | 4 cm                   | 2-3.7 cm                |               |
| <b>Left Atrium</b>       |                        |                         | <b>Normal</b> |
| LA Diam, 2D              | 4.9 cm                 | 2.7-4 cm                |               |
| LA Sys Vol Index, BP, 2D | 37.4 ml/m <sup>2</sup> | 16-28 ml/m <sup>2</sup> |               |
| <b>Left Ventricle</b>    |                        |                         | <b>Normal</b> |
| IVS % Thick, 2D          | 45.5 %                 |                         |               |
| IVS/PW Thick, Ratio, 2D  | 1.13                   |                         |               |
| IVSd Thick, 2D           | 1.43 cm                |                         |               |
| IVSs Thick, 2D           | 2.08 cm                | .6-1 cm                 |               |
| LV EDV BP, 2D            | 100 ml                 |                         |               |
| LV EF, BP, 2D            | 56 %                   | >50 %                   |               |
| LV ESV BP, 2D            | 44 ml                  |                         |               |
| LVIDd, 2D                | 5.88 cm                | 3.9-5.9 cm              |               |
| LVIDs, 2D                | 3.7 cm                 | 2.1-4 cm                |               |
| LVPW % Thick, 2D         | 15.7 %                 |                         |               |
| LVPWd, Thick, 2D         | 1.27 cm                |                         |               |
| LVPWs, Thick, 2D         | 1.47 cm                | .6-1 cm                 |               |
| <b>Right Ventricle</b>   |                        |                         | <b>Normal</b> |
| RVIDd, 2D                | 3.41 cm                | 2-2.8 cm                |               |

**Unspecified Scan Mode measurements**

|                              |                       |               |
|------------------------------|-----------------------|---------------|
| <b>Aortic Valve</b>          |                       | <b>Normal</b> |
| Area by Pk Vel               | 4.16 cm <sup>2</sup>  |               |
| Area by VTI                  | 4.13 cm <sup>2</sup>  |               |
| Mean PG, Ante Flow           | 4 mm[Hg]              |               |
| P1/2T, Regur Flow            | 440 ms                |               |
| Pk PG, Ante Flow             | 6 mm[Hg]              |               |
| Pk PG, Mean, Regur Flow      | 46 mm[Hg]             |               |
| Pk Vel, Ante Flow            | 127 cm/s              |               |
| Pk Vel, Mean, Regur Flow     | 340 cm/s              |               |
| Pk Vel, Regur Flow           | 340 cm/s              |               |
| VTI, Ante Flow               | 25.3 cm               |               |
| <b>Left Ventricle</b>        |                       | <b>Normal</b> |
| LVOT PG Mean                 | 3 mm[Hg]              |               |
| LVOT Pk PG                   | 5 mm[Hg]              |               |
| LVOT Pk Vel                  | 117 cm/s              |               |
| LVOT VTI                     | 23.1 cm               |               |
| LVOT, Diam                   | 2.4 cm                |               |
| <b>Mitral Valve</b>          |                       | <b>Normal</b> |
| Area by P1/2T                | 1.69 cm <sup>2</sup>  |               |
| Area by VTI                  | 1.53 cm <sup>2</sup>  |               |
| Dec Slope, Ante Flow         | 4.91 m/s <sup>2</sup> |               |
| Dec Time, Ante Flow          | 293 ms                |               |
| MV E, Pk Vel, Ante Flow      | 157 cm/s              |               |
| Mean PG, Ante Flow           | 8 mm[Hg]              |               |
| P1/2T                        | 130 ms                |               |
| Pk PG, Ante Flow             | 18 mm[Hg]             |               |
| Pk Vel, Ante Flow            | 211 cm/s              |               |
| VTI, Ante Flow               | 68.2 cm               |               |
| <b>Tricuspid Valve</b>       |                       | <b>Normal</b> |
| Pk PG, Regur Flow            | 25 mm[Hg]             |               |
| Pk Vel, Regur Flow           | 228 cm/s              |               |
| Pk Vel, Regur Flow           | 249 cm/s              |               |
| <b>User-defined concepts</b> |                       | <b>Normal</b> |
| E' Vel                       | 3.72 cm/s             |               |
| E'/E' Ratio                  | 42.2                  |               |
| RA Area                      | 13.9 cm <sup>2</sup>  |               |
| RA Length                    | 5.13 cm               |               |
| RA Vol                       | 34 ml                 |               |

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Prepared and electronically signed by

Krishnaswami Vijayaraghavan, MD  
Signed 28-Aug-2014 07:51:10

MR# 908687: MAERKI, KENT (Proc. Date: 08/27/2014 2:37:18 PM)

This document contains PHI for MAERKI, KENT, 0000908687, B1423920105. Printed by ANTHONY GALLIMORE.

CV EchoSR Diagnostic Rpt - Page 2/2

Job 16727 (09/19/2014 13:19) - Page 21 Doc# 6

7-21

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12

M.R.#: B0000908687

SEX: M AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH  
08/28/2014

Dsch Date:

\* \* \* H E M A T O L O G Y \* \* \*

| Collected    | 08/28<br>17:03 | 08/28<br>04:19 | Reference Units                 |
|--------------|----------------|----------------|---------------------------------|
| WBC          | 9.8            | 8.4            | 4.5-10.0 x(10) <sup>3</sup> /uL |
| RBC          | 4.81           | 4.29 L         | 4.60-6.20x(10) <sup>6</sup> /uL |
| Hemoglobin   | 16.2           | 14.3           | 14.0-18.0gram/dL                |
| Hematocrit   | 47.4           | 41.7           | 40.0-55.0%                      |
| MCV          | 98.6 H         | 97.3 H         | 80.0-90.0fL                     |
| MCH          | 33.7 H         | 33.3 H         | 27.0-31.0pg                     |
| MCHC         | 34.2           | 34.3           | 32.0-36.0gram/dL                |
| RDW          | 14.1           | 14.1           | 11.5-14.5%                      |
| HDW          | 2.5            | 2.5            | 0.0-4.5 gram/dL                 |
| Platelet     | 206.0          | 197.0          | 140-440 x(10) <sup>3</sup> /uL  |
| Neutrophil   | 61.1           | 55.1           | %                               |
| Lymphocytes  | 28.4           | 29.6           | %                               |
| Monocyte     | 5.9            | 9.1            | %                               |
| Eosinophil   | 3.6            | 5.0            | %                               |
| Basophil     | 1.0            | 1.3            | %                               |
| Macrocytosis | +              | +              |                                 |

| Collected | 08/28<br>17:03 | Reference Units   |
|-----------|----------------|-------------------|
| PT        | 12.6           | 12.0-15.0 seconds |
| INR       | 0.95           | 0.90-1.18         |

(1)

Suggested INR ranges (for stable oral anticoagulation only):  
Prevention of venous thrombosis and pulmonary embolism  
2.0 - 3.0  
Prevention of arterial thrombo-embolism inc.mech.valve  
patients 2.5 - 3.5

MAERKI, KENT  
B1423920105

2A21161  
(~~XXXXXXXXXX~~)  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)  
Page: 1

7.22

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12

M.R.#: B0000908687      SEX: M    AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH      Dsch Date:  
08/28/2014

| Collected             | Reference Units   |
|-----------------------|-------------------|
| 08/28<br>17:03<br>(2) |                   |
| PTT<br>30.3           | 22.0-35.0 seconds |

(2)  
Therapeutic range is 60-100 seconds  
Neurology heparin protocol: 50-70 seconds  
Cardiology heparin protocol: 50-75 seconds  
VTE treatment heparin protocol: 60-100 seconds

MAERKI, KENT  
B1423920105

2A21161

(M. [REDACTED])  
4857B

Discharge Cumulative Summary Report

(L = Low   H = High   C = Critical   D = Delta Check   \* = Abnormal)  
Page: 2

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12

M.R.#: B0000908687      SEX: M    AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH      Dsch Date:  
08/28/2014

\* \* \* C H E M I S T R Y \* \* \*

| Collected  | 08/28 | Reference Units |
|------------|-------|-----------------|
|            | 04:19 |                 |
| Calcium    | 8.8 L | 8.9-10.3 mg/dl  |
| Glucose    | 89    | 65-99 mg/dl     |
|            | (3)   |                 |
| BUN        | 26 H  | 8-20 mg/dl      |
| Creatinine | 1.05  | 0.7-1.2 mg/dl   |
| Sodium     | 138   | 136-144 mmol/L  |
| Potassium  | 3.3 L | 3.6-5.0 mmol/L  |
| Chloride   | 108   | 101-111 mmol/L  |
| CO2        | 26    | 22-32 mmol/L    |
|            | (3)   |                 |

The eGFR formula is calculated for patients between the ages of 18-70years.

LIPID PROFILE  
Current Accn#: 0814107245

\*BLOOD

Account #: B1423920105

|                        | Result | Reference | Units |
|------------------------|--------|-----------|-------|
| *BLOOD                 |        |           |       |
|                        | (4)    |           |       |
| 08/28/2014 Cholesterol |        |           | mg/dl |
|                        | 226    |           |       |
| 04:19                  |        |           |       |
| (4)                    |        |           |       |

Cholesterol (mg/dl)  
 Pediatric (< 19 years):  
 <170      Desirable  
 170-199      Borderline  
 > 200      Higher Risk  
 Adult:  
 <200      Desirable  
 200-239      Borderline  
 >240      Higher Risk

MAERKI, KENT  
B1423920105

2A21161  
(~~XXXXXXXXXX~~)  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)  
Page: 3

7.24

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12  
M.R.#: B0000908687      SEX: M    AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH      Disch Date:  
08/28/2014

|                 | (5)<br>Result | Reference | Units |
|-----------------|---------------|-----------|-------|
|                 | (6)           |           |       |
| Triglycerides   | 94            |           | mg/dl |
| HDL             | 51            |           | mg/dl |
|                 | (7)           |           |       |
| VLDL Calculated | 19            | 0-34      | mg/dl |
|                 | (8)           |           |       |
| LDL Calculated  | 156           |           | mg/dl |

(5)  
Triglyceride (mg/dl)

| Pediatric Age: | Male            | Female |
|----------------|-----------------|--------|
| Birth-9 years  | 30-104          | 33-115 |
| 10-14 years    | 33-129          | 38-135 |
| 15-19 years    | 38-152          | 40-136 |
| Adult:         |                 |        |
| <150           | Normal          |        |
| 150-199        | Borderline High |        |
| 200-499        | High            |        |

>500      Higher Risk  
(6)

| HDL (mg/dL)    | Male      | Female        |
|----------------|-----------|---------------|
| Pediatric Age: |           | Not Available |
| Birth-4 years  |           |               |
| 5-14 years     | 38-76     | 37-75         |
| 15-19 years    | 31-65     | 36-76         |
| Adult:         |           |               |
| >60            | Desirable |               |

<40      Higher Risk  
(7)

VLDL (mg/dl)  
Desirable <35 (Adult & Pediatric)  
(8)

| LDL (mg/dl)             |                            |
|-------------------------|----------------------------|
| Pediatric (2-20 years): |                            |
| <110                    | Desirable                  |
| 110-129                 | Borderline                 |
| >130                    | Higher Risk                |
| Adult:                  |                            |
| <100                    | Desirable                  |
| 100-129                 | Near Optimal/Above Optimal |
| 130-159                 | Borderline High            |

MAERKI, KENT  
B1423920105

2A21161  
(██████████)  
4857B

Discharge Cumulative Summary Report

(L = Low    H = High    C = Critical    D = Delta Check    \* = Abnormal)

7.25

PATIENT: MAERKI, KENT Page: 4

Location: 2A21161  
Date Reported: 08/29/2014

14:12  
M.R.#: B0000908687 SEX: M AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH Dsch Date:  
08/28/2014

|                        | (9)<br>Result | Reference | Units |
|------------------------|---------------|-----------|-------|
| Total Chol/HDL (ratio) | 4             |           |       |

Test performed by: Scottsdale Healthcare Laboratory Shea

160-189 High  
(9)  
>190 Very High  
Cholesterol/HDL Ratio  
Pediatric and Adult:

Goal: <5.1:1 Ratio  
Optimum: 3.5:1 Ratio

MAERKI, KENT  
B1423920105

2A21161  
(M [REDACTED])  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)

Page: 5

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12  
M.R.#: B0000908687 SEX: M AGE: 71Y

7.26

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH  
08/28/2014

Dsch Date:

\* \* \* P O I N T O F C A R E \* \* \*

ISTAT PANEL 7

\*BLOOD

Account #: B1423920105

Current Accn#:0814106680

|                         | Result     | Reference | Units   |
|-------------------------|------------|-----------|---------|
| *BLOOD                  |            |           |         |
| 08/27/2014 10:28 Sodium | 141        | 136-144   | mmol/L  |
| Potassium               | 3.8        | 3.6-5.0   | mmol/L  |
| Hematocrit              | 43         | 40-55     | %       |
| Ionized Calcium         | 1.22       | 1.12-1.32 | mmol/L  |
| Creatinine              | 1.3 H (10) | 0.7-1.2   | mg/dl   |
| Chloride                | 105        | 101-111   | mmol/L  |
| BUN                     | 30 H       | 8-20      | mg/dl   |
| Glucose                 | 82         | 65-99     | mg/dl   |
| TCO2                    | 25         | 24-29     | mmol/L  |
| Anion Gap               | 16         | 10-20     | mmol/L  |
| Hemoglobin              | 14.6       | 14.0-18.0 | gram/dL |

Test performed by: Scottsdale Healthcare Laboratory Shea

(10)

Point of Care Test

Refer to patient Medical Record for Ordering Physician.

MAERKI, KENT  
B1423920105

2A21161  
(██████████)  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)

Page: 6

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12

M.R.#: B0000908687 SEX: M AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH  
08/28/2014

Dsch Date:

7.27

\* \* \* C A N C E L E D T E S T S \* \* \*

| Collection Date     | Specimen | Test Name                             | Reason                                       |
|---------------------|----------|---------------------------------------|--|
| 08/29/2014<br>04:00 | *BLOOD   | PROTHROMBIN TIME                      | z**ORDER CANCELLED<br>VIA HCI<br>INTERFACE** |
| 08/29/2014<br>04:00 | *BLOOD   | CBC<br>AUTOMATED (PLATELET<br>& DIFF) | z**ORDER CANCELLED<br>VIA HCI<br>INTERFACE** |
| 08/28/2014<br>17:03 | *BLOOD   | PROTHROMBIN TIME                      | Duplicate Order                              |
| 08/28/2014<br>04:00 | *BLOOD   | METABOLIC PANEL<br>BASIC              | Duplicate Order                              |

|                               |                        | Result | Units | Reference                            |
|-------------------------------|------------------------|--------|-------|--------------------------------------|
| *BLOOD<br>08/28/2014<br>04:19 | RBC                    | 4.29   | L     | x(10) <sup>6</sup> / 4.60-6.20       |
|                               | HDW                    | 2.5    |       | gram/dL 0.0-4.5                      |
|                               | Lympho<br>cytes        | 29.6   | %     |                                      |
|                               | Monocyte               | 9.1    | %     |                                      |
|                               | Eosinophil             | 5.0    | %     |                                      |
|                               | Basophil               | 1.3    | %     |                                      |
|                               | Neutrophil<br>Absolute | 4.61   |       | x(10) <sup>3</sup> / 2.25-7.00<br>uL |
|                               | Lymph<br>Absolute      | 2.50   |       | x(10) <sup>3</sup> / 0.90-4.00<br>uL |

MAERKI, KENT  
B1423920105  
2A21161  
(M [REDACTED] 2)  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)

Page: 7

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12

M.R.#: B0000908687

SEX: M AGE: 71Y

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH  
08/28/2014

Dsch Date:

|            | Result              | Units  | Reference            |
|------------|---------------------|--------|----------------------|
|            | Monocyte Absolute   | 0.76   | x(10)3/ uL 0.00-1.10 |
|            | Eosinophil Absolute | 0.41   | x(10)3/ uL 0.00-0.60 |
|            | Basophil Absolute   | 0.11   | x(10)3/ uL 0.00-0.30 |
| 08/28/2014 | Ma +<br>crocytosis  |        |                      |
| 17:03      | WBC                 | 9.8    | x(10)3/ 4.5-10.0     |
|            | RBC                 | 4.81   | x(10)6/ uL 4.60-6.20 |
|            | Hemoglobin          | 16.2   | gram/dL 14.0-18.0    |
|            | Hematocrit          | 47.4   | % 40.0-55.0          |
|            | MCV                 | 98.6 H | fL 80.0-90.0         |
|            | MCH                 | 33.7 H | pg 27.0-31.0         |
|            | MCHC                | 34.2   | gram/dL 32.0-36.0    |
|            | RDW                 | 14.1   | % 11.5-14.5          |
|            | HDW                 | 2.5    | gram/dL 0.0-4.5      |
|            | Platelet            | 206.0  | x(10)3/ uL 140-440   |
|            | Neutrophil          | 61.1   | %                    |
|            | Lympho              | 28.4   | %                    |
|            | cytes               |        |                      |
|            | Monocyte            | 5.9    | %                    |
|            | Eosinophil          | 3.6    | %                    |
|            | Basophil            | 1.0    | %                    |
|            | Neutrophil Absolute | 6.01   | x(10)3/ uL 2.25-7.00 |
|            | Lymph Absolute      | 2.80   | x(10)3/ uL 0.90-4.00 |
|            | Monocyte Absolute   | 0.58   | x(10)3/ uL 0.00-1.10 |
|            | Eosinophil Absolute | 0.35   | x(10)3/ uL 0.00-0.60 |

MAERKI, KENT  
B1423920105

2A21161  
(M-2)  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)

Page: 8

PATIENT: MAERKI, KENT

Location: 2A21161  
Date Reported: 08/29/2014

14:12

M.R.#: B0000908687 SEX: M AGE: 71Y

7.29

Attending Physician: 4857B SCHWARZ, STEPHANIE ELIZABETH  
08/28/2014

Dsch Date:

|                      | Result | Units                      | Reference |
|----------------------|--------|----------------------------|-----------|
| Basophil<br>Absolute | 0.10   | x(10) <sup>3</sup> /<br>uL | 0.00-0.30 |
| Ma                   | +      |                            |           |
| crocytosis           |        |                            |           |

MAERKI, KENT  
B1423920105

2A21161  
(~~XXXXXXXXXX~~)  
4857B

Discharge Cumulative Summary Report

(L = Low H = High C = Critical D = Delta Check \* = Abnormal)  
Page: 9

730

PATIENT: MAERKI, KENT

Location: EDN061

Date Reported: 08/27/2014

10:33

M.R.#: B0000908687      SEX: M    AGE: 71Y  
Attending Physician: 10B A, NA P

\* \* \* P E N D I N G T E S T S \* \* \*

| Collection Date     | Specimen | Test Name                             | Status                 |
|---------------------|----------|---------------------------------------|------------------------|
| 08/27/2014<br>10:23 | *BLOOD   | CBC<br>AUTOMATED (PLATELET<br>& DIFF) | Priority<br>Collection |

MAERKI, KENT  
B1423920105  
EDN061  
(██████████2)  
10B

Outpatient Summary Report

(L = Low   H = High   C = Critical   D = Delta Check   \* = Abnormal)

Page: 1

7.31

Scottsdale Healthcare Osborn  
7400 E. Osborn Rd.  
Scottsdale, AZ. 85251  
480-882-4060

Patient Name: MAERKI, KENT  
Med. Rec. #: 0000908687  
Pt. Acct: B1423920105  
Ordering: STEPHEN ANDERSEN, MD  
Admitting: STEPHANIE E. SCHWARZ, DO

DOB: [REDACTED]  
Sex: M  
Exam Date: 08/27/2014  
Patient Type: IP

HISTORY:  
ACUTE CVA - ACUTE CVA

| Accession # | Code                       | Exam Reason |
|-------------|----------------------------|-------------|
| 7328929     | 70052 CHEST PORTABLE 70052 | WEAKNESS    |

AP upright chest compared to October 12, 2010. The patient has left-sided numbness and weakness. Status post midline thoracotomy. Degenerative osteophytes in the thoracic spine. Lungs clear. Heart size normal.

IMPRESSION  
No acute disease.

DD: 08/27/2014 10:44 - Job#: 4317868  
DT: 08/27/2014 15:44 - slc  
Doc# - 68141280

cc: Stephen Andersen, MD;

READ BY: TERRY A REEVES, MD  
SIGNED BY: TERRY A REEVES, MD  
SIGNED DATE/TIME: 08/28/2014 03:24 PM

7.32

Scottsdale Healthcare Osborn  
7400 E. Osborn Rd.  
Scottsdale, AZ. 85251  
480-882-4060

Patient Name: MAERKI, KENT  
Med. Rec. #: 0000908687  
Pt. Acct: B1423920105  
Ordering: STEPHEN ANDERSEN, MD  
Admitting: STEPHANIE E. SCHWARZ, DO

DOB: [REDACTED]  
Sex: M  
Exam Date: 08/27/2014  
Patient Type: IP

HISTORY:  
ACUTE CVA - ACUTE CVA

| Accession # | Code                             | Exam Reason    |
|-------------|----------------------------------|----------------|
| 7328930     | 71021 CT BRAIN WO CONTRAST 71021 | NEURO DEFICITS |

CT BRAIN

Patient has left-sided numbness and neurological deficits. He has a history of multiple CVAs. Previous study was performed on October 25, 2012, which showed extensive small-vessel disease.

Spiral 2.5 mm cuts are made from base to apex. There is a degree of cortical atrophy without significant ventriculomegaly. There are tiny lacunar infarcts in the basal ganglia bilaterally which appear similar to those seen previously. I do not see a focal intracranial hemorrhage or mass. There is a new area of decreased density in the left caudate head suggesting interval development of an additional lacune.

IMPRESSION

New lacunar infarct in the left caudate head.

DD: 08/27/2014 10:59 - Job#: 4317902  
DT: 08/27/2014 15:46 - mb  
Doc# - 68141293

cc: Stephen Andersen, MD;

READ BY: TERRY A REEVES, MD  
SIGNED BY: TERRY A REEVES, MD  
SIGNED DATE/TIME: 08/28/2014 03:24 PM



READ BY: SUNIL KUMAR RAM, MD  
SIGNED BY: SUNIL KUMAR RAM, MD  
SIGNED DATE/TIME: 08/29/2014 05:38 AM

7.35

Scottsdale Healthcare Osborn  
7400 E. Osborn Rd.  
Scottsdale, AZ. 85251  
480-882-4060

Patient Name: MAERKI, KENT  
Med. Rec. #: 0000908687  
Pt. Acct: B1423920105  
Ordering: STEPHEN ANDERSEN, MD  
Admitting: STEPHANIE E. SCHWARZ, DO

DOB: ██████████  
Sex: M  
Exam Date: 08/27/2014  
Patient Type: IP

HISTORY:  
ACUTE CVA - ACUTE CVA

Accession #      Code      Exam Reason  
7328999      74055 MRA NECK W O 74055      NEURO DEFICITS

NECK MRA

CLINICAL HISTORY  
Stroke.

TECHNIQUE  
2D and 3D time-of-flight neck MR angiogram.

COMPARISON  
No priors.

FINDINGS  
Right common carotid artery is normal. Mild atheromatous changes of the right carotid bulb. No flow-limiting stenosis to the right carotid bifurcation. Mild atheromatous changes of the left common carotid artery, left internal, and left external carotid arteries. No flow-limiting stenosis of the left carotid bulb. Vertebral arteries are normal bilaterally.

Degenerative changes of the cervical spine.

IMPRESSION  
Mild atheromatous changes at the carotid bifurcations bilaterally. No flow-limiting stenosis.

Measurement of carotid stenosis is based on criteria described in the North American Symptomatic Carotid Endarterectomy Trial (NASCET). NASCET criteria for estimating stenosis compares the normal distal ICA diameter with the stenotic proximal ICA diameter.

DD: 08/28/2014 08:09 - Job#: 4319170  
DT: 08/28/2014 12:16 - zpr  
Doc# - 68142490

cc: Stephen Andersen, MD;

READ BY: SUNIL KUMAR RAM, MD  
SIGNED BY: SUNIL KUMAR RAM, MD  
SIGNED DATE/TIME: 08/29/2014 05:38 AM

7.37

Scottsdale Healthcare Osborn  
7400 E. Osborn Rd.  
Scottsdale, AZ. 85251  
480-882-4060

Patient Name: MAERKI, KENT  
Med. Rec. #: 0000908687  
Pt. Acct: B1423920105  
Ordering: STEPHEN ANDERSEN, MD  
Admitting: STEPHANIE E. SCHWARZ, DO

DOB: 08/28/1962  
Sex: M  
Exam Date: 08/27/2014  
Patient Type: IP

HISTORY:  
ACUTE CVA - ACUTE CVA

Accession #      Code      Exam Reason  
7328998      74054 MRA HEAD W O 74054      NEURO DEFICITS

BRAIN MRA

CLINICAL HISTORY  
Stroke.

TECHNIQUE  
3D time-of-flight brain MR angiogram.

COMPARISON  
No priors.

FINDINGS  
Mild atheromatous changes of the cavernous internal carotid arteries bilaterally. Mild atheromatous changes of the anterior and middle cerebral arteries bilaterally. Mild atheromatous changes of the vertebrobasilar system. Posterior cerebral arteries are normal bilaterally.

No intracranial aneurysm or arteriovenous malformation.

IMPRESSION  
Mild intracranial atheromatous changes without high-grade stenosis or arterial occlusion.

DD: 08/28/2014 08:13 - Job#: 4319171  
DT: 08/28/2014 12:19 - zpr  
Doc# - 68142494

cc: Stephen Andersen, MD;

READ BY: SUNIL KUMAR RAM, MD  
SIGNED BY: SUNIL KUMAR RAM, MD  
SIGNED DATE/TIME: 08/29/2014 05:38 AM

MAERKI, KENT

ID:0000908687

27-AUG-2014 10:11:49

SCOTTSDALE HEALTHCARE-S-ER ROUTINE RECORD

128  
Male Caucasian

Room: TRG  
Loc: 73

|              |         |     |
|--------------|---------|-----|
| Vent. rate   | 71      | BPM |
| PR interval  | * 124   | ms  |
| QRS duration | 424/460 | ms  |
| QT/QTc       | * -68   | ms  |
| P-R-T axes   |         | 44  |

Atrial fibrillation  
 Left anterior fascicular block  
 Lve with secondary QRS widening  
 Abnormal ECG  
 When compared with ECG of 09-NOV-2011 17:10,  
 Atrial fibrillation has replaced Sinus rhythm  
 Questionable change in QRS duration  
 EKG interpretation in chartMaxx system

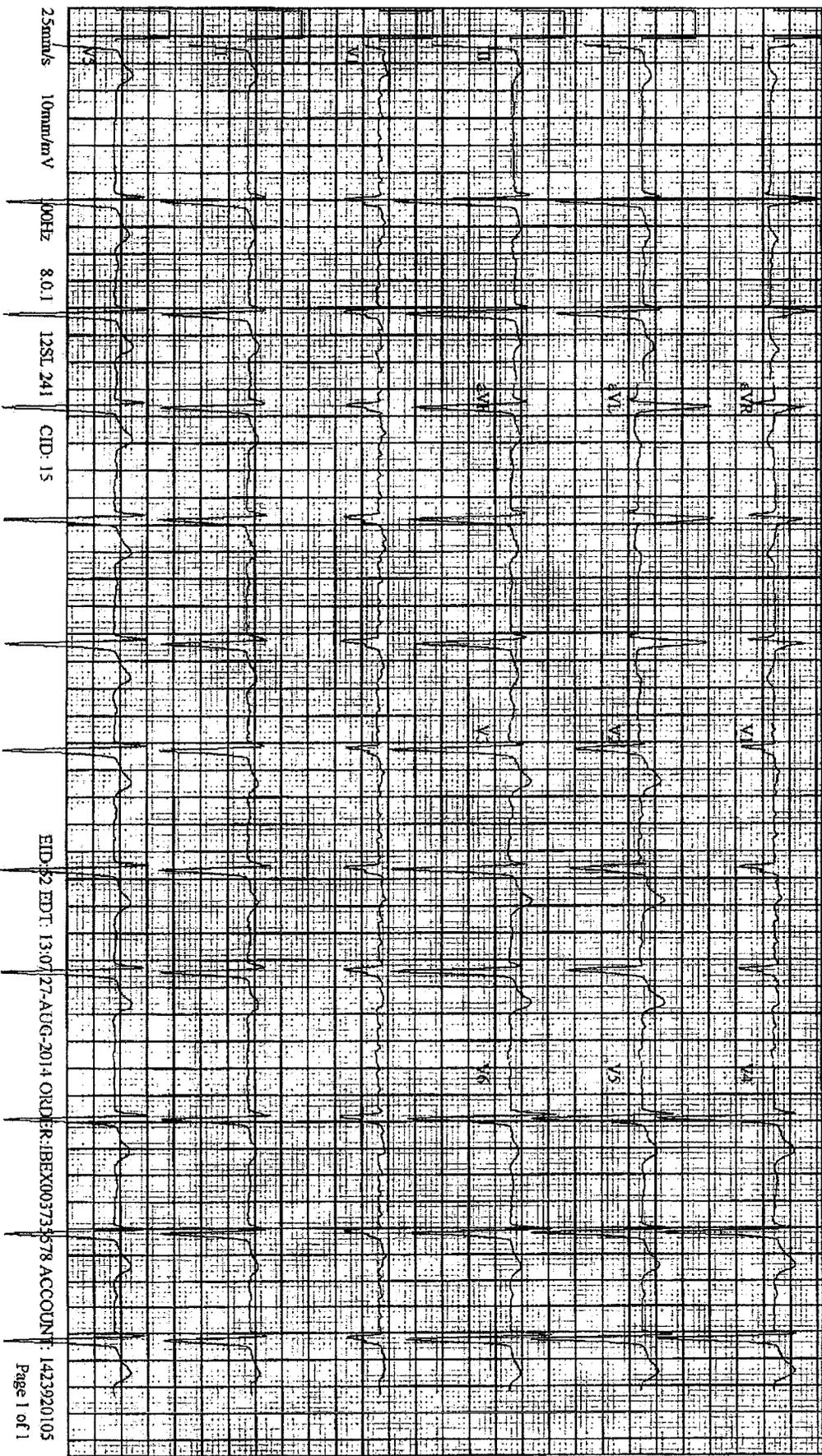
Technician: JS44  
Test Ind: Weakness

REASON: NUMBNESS

PREOP:

Referred by:

Confirmed By: PHYSICIAN ER



7.39